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ABSTRACT

New trends in transcultural theory, expanded cultural paradigms, innovative counseling techniques for working with diverse ethnic groups, and a comprehensive discussion of professional issues are presented in this second edition of a popular text. This edition is designed to support curriculum changes in counselor education programs to maximize the benefits of transculturalism inside and outside the classroom. Fourteen chapters are organized into three parts: (1) "Theories, Approaches, and Models for Transcultural Counseling"; (2) "Cultural Paradigms"; (3) "Professional Issues." New chapters include "Transcultural Counseling with European Americans" and "Transcending the Culture of Prejudice to a Culture of Pride." Major contributions of this work include: (1) a taxonomy of terms that relate to counseling and particularly to cross-cultural counseling; (2) attention to international, or transnational, counseling; (3) presentation of the "Stylistic Model for Transcultural Counseling"; and (4) an attempt to tie traditional approaches to counseling to transcultural concepts in an eclectic process that encourages sensitivity to the cultural paradigms of clients while providing a basis in established theory. (Author/EMK)

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TRANSCULTURAL COUNSELING

SECOND EDITION

—EDITED BY—

JOHN McFADDEN, PhD
UNIVERSITY OF SOUTH CAROLINA

ACA
AMERICAN
COUNSELING
ASSOCIATION

TRANSCULTURAL COUNSELING, SECOND EDITION

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DEDICATION

To my wife Grace Jordan McFadden,
our daughter Rashida Hannah McFadden,
and to
individuals committed to transculturalism

CONTENTS

Foreword *Edwin L. Herr* VII
Preface *John McFadden* IX
Acknowledgments XI
Contributors XIII
Introduction *John McFadden* XV

PART I **Theories, Approaches, and Models for Transcultural Counseling** **1**

Chapter 1 Historical Approaches in Transcultural Counseling *John McFadden* 3

Chapter 2 Transcultural Counseling: Existential Worldview Theory and Cultural Identity *Farah A. Ibrahim* 23

Chapter 3 Stylistic Model for Transcultural Counseling *John McFadden* 59

Chapter 4 Transcendent Counseling: A Theoretical Approach for the Year 2000 and Beyond *Frederick D. Harper* *Winifred O. Stone* 83

Chapter 5 Transcultural Family Counseling: Theories and Techniques *David A. Kahn* 109

Part II **Cultural Paradigms** **135**

Chapter 6 Revisiting Transcultural Counseling with American Indians and Alaskan Natives: Issues for Consideration *John Joseph Peregoy* 137

Chapter 7 Transcultural Counseling for African Americans Revisited *Herbert A. Exum* *Quincy L. Moore* *Sherry K. Watt* 171

Chapter 8 Transcultural Counseling and the Hispanic Community
Maria J. Beals
Kenneth L. Beals
Amalia B. Córdova de Sartori 221

Chapter 9 Transcultural Counseling and People of Asian Origin: A Developmental and Therapeutic Perspective
Jia Wenhao
Hilel B. Salomon
Douglas M. Chay 259

Chapter 10 Transcultural Counseling and Arab Americans
Nuha Abudabbeh
Hala A. Aseel 283

Chapter 11 Transcultural Counseling and European Americans
Lee J. Richmond 297

Chapter 12 Transcending the Culture of Prejudice to a Culture of Pride as a Counselor
Lisa D. Hawley
Jeffrey Mostade 317

Part III **Professional Issues** **341**

Chapter 13 Transcultural Assessment: Toward Competence for the Twenty-First Century
J. Ronald Quinn 343

Chapter 14 Curriculum Trends in Transcultural Counseling in Counselor Education
Edwin L. Herr
Ellen S. Fabian 373

Summary *John McFadden* 399

Index 403

FOREWORD

This second edition of *Transcultural Counseling* is a welcome addition to the growing literature on counseling across cultures. John McFadden, the editor and one of the authors of this excellent book, has assembled an outstanding group of contributors who apply their own unique views of transcultural counseling to one of three categories of issues into which the book is divided: theories, approaches, and models for transcultural counseling; cultural paradigms; and professional issues.

However excellent and insightful each of the chapters of the book is, for me, the paradigms and assumptions that have evolved from McFadden's long-standing scholarly efforts to articulate the meaning and practice of transcultural counseling are of everarching importance. These paradigms and concepts motivated this book and framed its content. They give it cohesion and substance.

While, by definition and purpose, a foreword is limited in space and content, there are several unique contributions of this book that I want to identify. One of these is the taxonomy of terms McFadden has developed to encompass and define the language of counseling, and particularly those terms that relate to counseling across cultures. Counseling, in any form, is a verbal process, and counselors belong to a verbal profession. Terms used by counselors in their interaction with clients carry multiple meanings, and often different meanings, as they are interpreted through the various worldviews that arise from cultural diversity. So, too, do the terms used by counselors to describe what they do and what their goals are when they speak to administrators and policymakers or when they engage in research or program development. McFadden has made a major contribution to the counseling field by not only defining transcultural counseling, but also defining it in relation to many other terms that offer important insights to the field but are not interchangeable. Among examples of these terms are monocultural, bilateral, bicultural, cross-cultural, multicultural, pluralistic, intercultural, and international counseling.

A second unique contribution of this book is its attention to international, or transnational, counseling. In this sense, transcultural counseling goes beyond the content of many books on multicultural

8

or cross-cultural counseling. The latter tend to focus on issues that accrue when a counselor of majority background counsels a person from a minority background. Often the focus is on bilateral or bicultural issues between counselor and client and tends to be confined to concerns within a particular nation, rather than those transcultural issues emerging from the cross-national mobility increasingly occasioned by the dynamics of the global economy.

A third unique contribution is the presentation of the "Stylistic Model for Transcultural Counseling" presented by McFadden. In this model, the assumptions, the thematic dimensions, and the descriptions of points of intervention that underlie the model are defined and discussed. Of particular interest is the detailed discussion of how counselors and clients proceed through the transcultural counseling model from *cultural–historical* perceptions held by the client to *psychosocial* motives and values to *scientific–ideological* actions in which counselor and client engage to empower the client to enhance his or her functioning and strength.

A final unique contribution of the book is its attempt to tie traditional approaches to counseling to transcultural concepts in an eclectic process that encourages counselors to examine and function with sensitivity to the cultural paradigms of their clients. In this sense, transcultural counselors work within a worldview that reaches beyond national and cultural boundaries to help humankind understand and respect other ways of life and to help develop identity, security, dignity, and purpose within such contexts.

The individual authors of the chapters apply the concepts of transcultural counseling described above to different populations and settings, to evaluation and assessment, and to curriculum and related issues in counselor education. They do so with clarity, sometimes with case studies, and always with concerns both for the theoretical and the pragmatic.

This is a book for beginning counselors and for persons who were trained many years ago. Its contents are important to counselors in any setting as well as to counselor educators, researchers, and theorists. I learned much from this book; I am sure that my colleagues across the counseling profession will learn from and value this book as well.

Edwin L. Herr
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PREFACE

JOHN MCFADDEN

Students pursuing graduate degrees in counseling are representative of the racial, ethnic, and cultural spectrum. Yet, their sensitivity of cultural heterogeneity remains hindered as a result of the neglect of a number of counselor education programs to integrate multicultural courses throughout the curriculum. Consequently, counselor trainees must work generally with groups for which they lack cultural knowledge and competency. If counselor trainees are to be effective, counseling professionals should attend to this predisposition toward monocultural behaviors and responses.

A proliferation of research documents the core set of appropriate knowledge, attitudes, behaviors, and practices that serve as competency indicators for cross-cultural sensitivity. These indicators can be acquired through systemic and integrative utilization of modeling reinforcement, transfer training, and self-disclosure exercises. The majority of counselor preparation programs remain bereft of worldview constructs and are pedagogically Eurocentric. If covered, multiculturalism is often marginalized as a separate chapter or unit.

The need exists for single-source text material that focuses on an array of cultural groups and their worldviews as well as diverse methodologies that are sensitive to values and varied historical perspectives. This book bridges many gaps, provides emergent research on transcultural counseling, and reframes normative pedagogies with respect to professional issues.

The second edition of this book has been updated to include recent research and scholarly endeavors germane to the mission of this publication. As emphases on various aspects of U.S. society have changed, so have the modifications of each section of this book. As we embark on the twenty-first century, it becomes imperative for helping professionals to ensure that their knowledge, skills, and levels of awareness are compatible with societal trends. Technological advances dictate to persons rendering counseling services that they be prepared to respond to client needs through face-to-face contact as well as through use of multimedia. Thus, this edition has been written to support a curriculum and instructional mandate for revisions in counselor education programs in search of maximizing transculturalism in and outside the classroom.

11

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This book would not have been possible without the enormous breadth of experience and research expertise of each contributor. As editor, therefore, I wish to extend thanks to these scholars.

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14

INTRODUCTION

Transcultural counseling is a relatively new profession that attempts to respond to beliefs, needs, and other circumstances prevalent among people of different cultural, ethnic, and economic backgrounds (d'Ardenne & Mahatani, 1989). One wonders why such an essential perspective on counseling is considered new, particularly in the United States, a nation that has opened doors to people of diverse cultures and multiple ethnic and racial origins for centuries. The answer is that everyone was assumed to adopt mainstream perspectives and mesh into existing socioeconomic practices and opportunities (the "melting pot" ideology). In fact, however, each ethnic group chooses to perpetuate and cherish its own customs, history, and values within the melting pot, reflecting the pluralistic nature of American society. One is likely to find considerable variations within such a social mix. It is these variations and the problems they are likely to pose in counseling that our transcultural counseling approaches address in this book.

Assimilation, in which minority cultures adopt customs, values, and mores of the majority culture with the aim of achieving acceptance, is a seductive idea. Such a view simply strengthens the myth of the melting pot, which may be true as long as one is not a person of color. Maintaining one's identity simultaneously in the midst of blending cultures is a challenging venture. Assimilation is learning to walk the path of balance between majority and minority cultures without losing oneself in the process (Garrod & Larimore, 1997). Race, an indelible mark that sets one group of people apart from others, is the key variable in any counseling environment. No matter what one does, one can never change one's identity. Nor should one try to change identity simply to gain acceptance by other groups. Unfortunately, attempts have been and continue to be made to change others to fit the frame of the dominant societal group. Traditional counselors have been encouraged to match clients with existing resources and perspectives. Attempts to blend unlike social groups not only fail to achieve the goals of mainstream society but have also led to cultural deprivation of those who abandon their way of life to gain majority acceptance. The transcultural counseling approach, emphasizing active and reciprocal processes in an environment acceptable to everyone concerned, is designed to bridge cultural gaps between social groups. The method not only encourages counselors to work across diverse cultures but also empowers those involved to travel through and beyond all cultural barriers, empathizing and experiencing cultural meshing through transference and countertransference processes (d'Ardenne & Magatani, 1989), thus setting a stage for transcultural therapy for people of different cultures. The ability to face increased complexity and to work across and through cultures is the major theme reflected by transcultural counselors who labor to provide a caring environment that transcends cultural, ethnic, racial, and national boundaries to develop mutual understanding between peoples. Transcultural counseling is a method of using cultural knowledge and skills creatively to help others live and survive satisfactorily in a multicultural world (Dragun, 1991). Transcultural counseling strives to challenge counselors to use their knowledge and resources more flexibly and to provide effective counseling across cultures.

It is important to clarify that we are not implying that a transcultural counselor is an expert in any of the cultures he or she deals with or that a counselor adheres to any particular school of thought. Rather, transcultural counseling endeavors to develop open-mindedness on issues pertaining to the clients' value system. Counselors who plan to deal with issues involving plural societies would have flexible approaches at their disposal to effectively respond to their clients' needs.

The tendency in recent years has been to develop and broaden the transcultural concept of counseling by encouraging interested professionals to develop and enhance a scheme to maintain mutual understanding between counselors and clients. The consensus among counselors who deal with multiple cultures is that counseling can no longer be effectively administered from only one or two cultural perspectives. As Draguns (1991) stated, training procedures, in the past as today, have provided and facilitated possibilities for mainstream consumption: Middle-class counselors have been equipped to work with middle-class clients. Such a narrow focus needs to change in favor of a broader approach to create a basis for understanding appropriate intervention. The transcultural notion of counseling also addresses issues of traditional interests and tends to strike a balance between issues for those with a mainstream frame of reference and those with other value systems.

Counselors have traditionally approached their clients with a set of stereotypes, especially when the client is of a different race, color, culture, or ethnicity. Stereotypes affect human behavior, and they determine perceptions and thus affect interactions among individuals, groups, society, and peoples of different backgrounds. Research supports the belief that stereotypes have pervasive effects on any communication. Stereotypical interaction obviously results in prejudiced decisions. Asante, Newmark, and Blake (1979) found tangible support for the negative effects of stereotypes in all forms of communication. Racism is believed to hinder counseling because it is laden with stereotypes, and we recognize that prejudices exist because human beings have needs (Sandhu & Aspy, 1997). In other words, stereotypes are reflected in what one does and thinks. Actions based on race relations are usually preceded by prejudices and followed by discrimination. Stereotyping, therefore, leads to a self-fulfilling prophecy, which produces a fixed mental picture that, once adopted, becomes highly resistant to change. Traditional counseling procedures have apparently been grossly contaminated with such preconceived ideas and methods in which social practices by clients from unfamiliar backgrounds are viewed as inferior. Counselors need to manage and transcend such preconceived concepts. To be effective professionals, they should analyze and relinquish subjective perceptions. The transcultural counseling approach stands for self-examination leading to the creation of symmetrical relations between counselor and client, which leads to a better understanding of the ways others view themselves and avoids self-righteousness.

The most important objective of the transcultural counseling approach, therefore, is to create a trusting relationship between counselor and client for successful interaction. Trust is essential in laying the firm basis for constructive communication before counselors can enhance their working relationship. The helper can only establish trust by making explicit what is already implicit to the parties involved: that they represent different cultural backgrounds. To establish credibility, transcultural counselors must modify their style and be consistent with clients' expectations. Adapting oneself to fit the needs of others is a challenging task.

For example, counselors trained in the United States have been exposed to skills and techniques that primarily reflect Western ways of life and concepts that place much emphasis on individualism. Transcultural counseling tells counselors to be open while being aware and ready to adopt as well as use diverse methods and strategies that promote access to cultural values alien to them. Knowing a client's value orientation is useful in identifying and implementing appropriate treatment strategies. In essence, as counseling and human development specialists, we must understand that we are uniquely qualified to make an impact and take effective measures in this era of great confusion caused by variable lifestyles. Confusion and shifts in political, social, and economic problems that have never been greater than at this time present themselves in every aspect of our lives; clients require more professional help than is presently offered. As counselors; we need to review and learn from literature of the magnitude of such upheavals. The transcultural counseling model strives to empathize with social perspectives and relate to human development nationally and internationally by constructing broader parameters for cross-cultural understanding and appreciation (Gunnings & Stewart, 1989).

Pedersen, Draguns, Lonner, and Trimble (1989) identified the importance of modifying the communicative style of the counselor to accommodate clients from different cultural backgrounds. Pedersen, et al. spoke of the need from counselors to adjust themselves to interact more constructively with clients. The number of transcultural persons leaving their home culture in search of jobs among foreign cultures has increased, as have the interaction and communication among various cultural groups. World travel and international politics create the demand for a more open society which creates needs and opportunities for transcultural counseling.

Participants in intercultural experiences find numerous problems when dealing with an unfamiliar environment. Communication across cultural boundaries is difficult. Differences in customs, behavior, and values result in problems that can only be managed through effective transcultural interaction. When working with persons from different cultures, we may commit errors by being unaware of others' problems, often because we lack cultural self-awareness.

In Japan, for example, order and harmony among persons in a group—be it a family or a vast corporation—are more valued than the characteristics or idiosyncrasies of any one member (Harris & Moran, 1979). Such feelings, however, are not common to people in the United States, or to any other society in the Western world. Americans tend to stress individuality as a value and to assert individual differences when they seem justifiably in conflict with the goals or the values of the group. The transcultural counseling approach attempts to understand such cultural differences and develop a reciprocal approach between counselor and client. It allows a give-and-take environment to develop in the communicative process. Transcultural counselors feel that this communication is a circular interaction that involves all parties under scrutiny. It is a dynamic process that counselors need to understand before they begin counseling.

THEORIES, APPROACHES, AND MODELS FOR TRANSCULTURAL COUNSELING

Having briefly established the general purpose of this book, I now focus on the concepts and theories to be developed to interface with the transcultural counseling model in a multilateral context. In addition, I wish to clarify that this book is written to show that different existing theoretical approaches could be extrapolated to meet the emerging needs of the transcultural counseling scheme in various counseling environments. Although transcultural counseling may represent a recent trend for some readers, I have reserved Chapter 1 of this book for historical approaches to this emerging emphasis in the discipline of counseling. Both evolution and trends are addressed in Part I.

The construct of a worldview is proposed as an essential force toward ensuring that traditional and developing theories are effective in the practice of transcultural counseling. To break away from our historically confined environment is to expand our worldview and to enhance our sensitivity toward cultural introspection. The existential worldview theory, described in Chapter 2, provides the framework for a comprehensive training model to assist in transcending the limits of cognitive or affective approaches projected by models focusing on culture-specific variables and knowledge of cultures alone or in combination (Ibrahim, 1991).

Chapter 3 introduces the stylistic model for transcultural counseling, a technique developed in response to the needs for counseling in pluralistic societies (McFadden, 1986). The approach has three dimensions:

- The *cultural–historical* dimension relates specifically to the culture of a people and how their history has evolved over time. The counselor should possess some knowledge of the client's culture.
- The *psychosocial* dimension relates to the psychological framework of how one's psyche influences one's scope of development. The counselor should understand the ethnic, racial, and social group's performance, speeches, or behaviors to communicate meaningfully.
- The *scientific–ideological* dimension is based primarily on a plan of action: The stylistic approach will be most useful in the newly emerging approach to counseling in dealing with problems related to regional, national, and international environments.

The transcendent approach for transcultural counseling focuses on the learning process wherein the counselor uses teaching, motivating, and setting examples to capture the client's perception in order to change the client's lifestyle. The technique in transcendent counseling is directive and action-oriented (Harper & Stone, 1986). It involves advising, approving, confronting, encouraging, giving, and other techniques that can be useful in transcultural counseling. However, counselors need to understand the group with which they are working before using this technique, because ignorance of the group's culture can easily lead to misunderstanding and miscommunication. Chapter 4 develops the transcendent technique in a manner that corresponds with transcultural counseling requirements.

Systems theories and family counseling have a strong foundation and support within the transcultural counseling community. Multiple-family counseling has a number of practitioners who find it useful in helping individuals and families become who and what they want to become. Chapter 5 is devoted to a discussion of the concepts, goals, techniques, and prospects of transcultural family counseling with a systems approach.

Historical, structural, and *experiential* dimensions are common paradigms of systems theory that deal with the family therapeutic technique (Nichols, 1984). The historical approach to family systems for transcultural counseling is concerned with persons in a system, whereas the structural process focuses on current patterns of interaction believed to maintain the problems that families might present. The aim here is to reorder the family system. The experiential aspect of this mode of therapy provides an intense affective experience for family members so that their self-actualizing tendencies will be liberated. Transcultural counselors in a bilateral and international situation need to realize that they are coping with the psychological and emotional subsystems and demarcation within society. Quite often, however, Western society assumes that educational and vocational guidance, as developed through mainstream viewpoints and experience, should be valid elsewhere either as it is or with readily made modifications. Chapter 5 concentrates on developing the aforementioned trend and the need to adjust that thinking for a transcultural family counseling atmosphere.

CULTURAL PARADIGMS

Wehrly (1995) stated that an important movement, which gained momentum in the 1980s and 1990s, has been the work on models and theories of racial and ethnic identity development. Part II concentrates on description and analysis of various cultural parameters. The aim is to synthesize traditional and persisting tendencies in the counseling world with current social, political, and economic developments in the international environment. I believe that the current state of world affairs would be greatly improved if individuals assertively and positively resolve to understand cultural differences; I believe that society is experiencing a breakdown in communication because of the lack of comprehension of diverse ways and patterns of thinking and doing.

Chapters 6–12 include historical and transcultural information on various ethnic and racial groups such as American Indians and Alaskan Natives, African Americans, Hispanics, Asians, Arabs, and European Americans, as well as other groups of diversity, or "cultures of pride." Features unique to each of these groups are discussed and illustrations cited that should prove useful in counselor preparation programs. Although the population of the entire world may not be represented, sufficient material has been provided to give transcultural counselors a basis on which they can build in facilitating client growth and development.

Thus, Part II addresses cultural differences of the various counseling case studies related to the unique lifestyles of particular groups of people. Unlike good manners, culture is not something possessed by some and not by others—it is possessed by all human beings and is in that sense a unifying factor. Although all humans share some aspects of culture, the diversity in human behavior is explained quite uniquely because we all belong to various cultures. To facilitate intercultural relations and limit distortions, as counselors, we must move beyond our own cultural heritage into the world that is changing so rapidly. The analyses in this part of the book attempt to clarify that we should not be so locked into our own cultural way of doing things as to be unable to share other cultures. Humans create a culture not only as an adaptive mechanism to their biological or geophysical development but also as a means of contributing to social evolution. They also have social institutions—home, school, church, and government—that provide cultural contexts and affect behavior; counselors can work with these institutions to create social awareness.

PROFESSIONAL ISSUES

As transcultural counseling expands and becomes more widely advocated, issues, policies, and trends will emerge. In an effort to affect these developments, Part III provides insight into evaluation and assessment measures for transcultural counseling and also addresses a span of challenges for consideration in counselor education programs. Global dynamics affect research and practice in counselor preparation, interlocking old ties and new opportunities in the field of counseling.

Chapters 13 and 14 are included in the professional issues section to challenge the reader in examining assessment and curriculum areas of concern for counselors entering the twenty-first century. Careful thought needs to be given to these topics in both pre- and in-service training programs. Current literature and contemporary counseling practices are included in this section as insight for helping professionals.

As Corey (1995) noted, culturally encapsulated counselors (those who substitute stereotypes for the real world) disregard cultural variations among clients and dogmatize technique-oriented therapy. Encapsulated individuals maintain a cocoon by evading

22

reality and depend entirely on internalized value assumptions about what is good for society. Such professionals are trapped in one way of thinking, assuming that their perspective is universal. They would often encounter resistance from some ethnic clients. Transcultural counseling by its very nature is diverse. It advocates flexibility and a willingness to modify approaches to meet the clients' needs. It must be clear to our readers, nevertheless, that we do not imply that our approach is the sole method to be used across the board in counseling. We desire to emphasize that transcultural counseling is effective in understanding the situation within which we work before reflecting or sharing internalized behavior. Thus, we believe that the transcultural counseling approach can be developed in ways that will enrich all counseling endeavors for the future.

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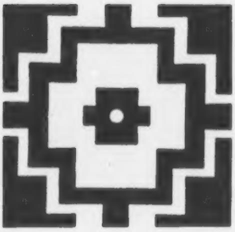

PART I

THEORIES, APPROACHES, AND MODELS FOR TRANSCULTURAL COUNSELING

CHAPTER 1

HISTORICAL APPROACHES IN TRANSCULTURAL COUNSELING

JOHN MCFADDEN

Counseling incorporates a process of service rendered to those in need of help by trained professionals. This service is presumed to help receivers understand themselves in relation to undesirable situations of which they are a part. In other words, counseling helps clients understand the world and confront real-life situations.

Throughout their lives, people seek assistance from others when they find themselves unable to cope with problems (Brodin, 1988). The help required may range from specific technical knowledge of how to perform various technical tasks to other behaviors involving caring, sharing, and displaying empathy toward persons experiencing personal problems. Helping people understand themselves in relationship to the world requires special effort and commitment from everyone involved. People generally look for help from peers or counselors to cope and deal with their problems. Counselors use different methodologies in combination with different personality characteristics to assist those in need during counseling sessions. Counselors specialize in particular areas. For instance, school counselors receive special training to help students understand themselves and use their knowledge to make choices about future careers. Counselors also use various systems approaches to help families deal with marital relationships and other family-related problems, as society has come to realize that, for many families, familial difficulties arise not only from economic depression but also from strained family ties. Too often, band-aid approaches to problems serve as short-term solutions by intervening during emergency situations, but they cannot provide the lasting solution of preventing the disintegration of families (Burns, 1983). Social workers, having sought answers to social problems through socioeconomic models, have recently turned to psychological help and understanding (Brodin, 1988) as part of the solution for their clients' difficulties. Throughout time, the analysis of socioeconomic factors sought by sociologists as major causes for social ills has needed supplementing by psychological study of the family in particular and society in general. Accordingly, organized counseling, featuring specially trained professionals, began to take shape in the 1960s and 1970s.

A brief background on the development of the counseling profession, particularly in the United States, is presented in this chapter. This chapter explores the types of problems people bring to counselors and the need to understand the philosophical underpinnings of the profession and its emphasis on serving mainstream society. The chapter also develops the transition from a traditional approach to a more comprehensive perspective of multicultural and cross-cultural approaches that preceded the transcultural concept of counseling. Finally, the chapter summarizes the general trend in the counseling profession in relation to the growing dimensions of multicultural and transcultural perspectives.

WORLDVIEW ON COUNSELING: A TAXONOMY OF TERMS

Achieving consensus among counseling professionals regarding terminology that accurately depicts their job description is a challenge in itself. A specific term may not communicate the idea it was intended to convey. Theories, concepts, and terms may have different meanings, depending on the context in which they are used. Likewise, nomenclature related to a multicultural learning environment varies. Language differs according to variables, such as counselor, client, observer, time, place, culture, gender, socioeconomic reference, and ethnicity.

With these ideas in mind, I have developed a taxonomy of key terms applicable to the worldview on counseling as presented in this book (see Figure 1.1). The list of terms and concepts is intended to heighten the sensitivity and insight of counselors and counselor educators as they expand their awareness and enhance their effectiveness in transcultural relations. Because of the pluralistic teaching–learning environment and societal interaction among persons of different ethnic, racial, cultural, religious, social, and economic groups, this list is an invaluable resource for students, counseling professionals, and others. The global chart and taxonomy of definitions are intended as a practical guide for educators and practitioners in their research and professional work.

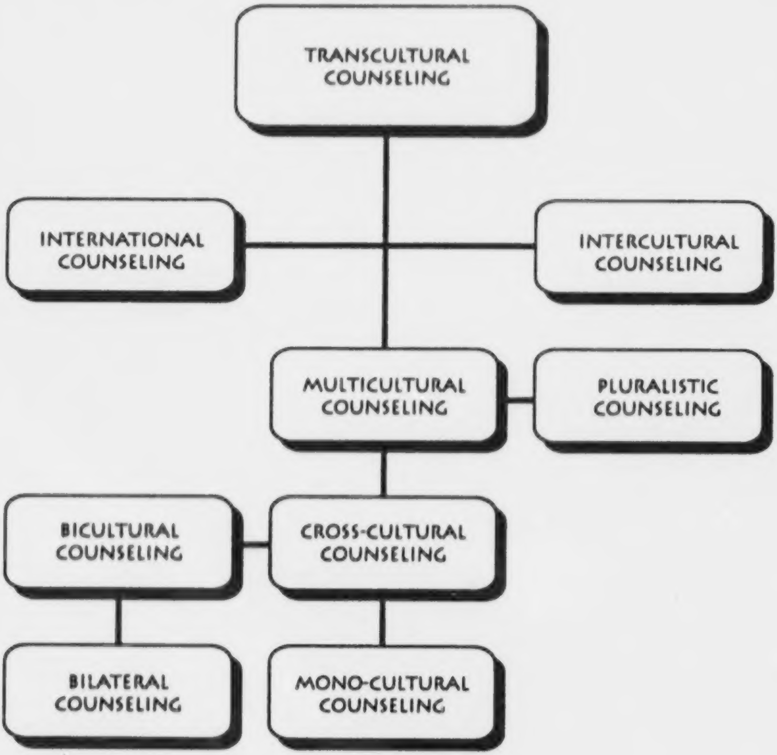
TRANSCULTURAL COUNSELING
INTERNATIONAL COUNSELING
INTERCULTURAL COUNSELING
MULTICULTURAL COUNSELING
PLURALISTIC COUNSELING
BICULTURAL COUNSELING
CROSS-CULTURAL COUNSELING
BILATERAL COUNSELING
MONO-CULTURAL COUNSELING

FIGURE 1.1 Worldview on Counseling.

Monocultural counseling involves a helping relationship between a counselor and a client with similar cultural backgrounds and developmental experiences. Counseling within cultures is predicated on the assumption that persons who share a common culture and history relate more effectively to each other in a counseling setting. Some professionals believe that using monocultural counseling as a sole focus promotes separatism, but an opposing viewpoint is that monocultural counseling can enhance growth and development of clients.

Bilateral counseling involves two points of reference that are brought to a counseling setting to create the basis for momentum to evolve during a counseling encounter wherein the client is able to resolve a dilemma. In this taxonomy of counseling terms, bilateral refers to ethnicity, nationality, gender, religion, and other groupings. An effective bilateral counseling relationship requires parity and mutual trust between counselor and client.

Bicultural counseling refers to a setting that involves two cultures (e.g., Asian and Brazilian). Biculturalism for the professional counselor requires the ability to bridge gaps between two cultures and to interact successfully and efficiently with the client.

Cross-cultural counseling has been defined by a number of researchers (Axelson, 1993; Locke, 1992; Parham, 1989; Pedersen, 1994; Sue & Sue, 1990). In this taxonomy, cross-cultural counseling is considered a specialty that embraces individual and group counseling interactions across cultures with a focus on narrowly defined therapeutic areas. To counsel across cultures is to gain fundamental insights into the cultural–historical dimensions (McFadden, 1986) of the client's existence and apply this knowledge appropriately.

Multicultural counseling is an approach to facilitating client insight, growth, and change through understanding and perpetuating multiple cultures within which psychosocial and scientific–ideological ways of perceiving one's social environment are brought together in a helping relationship. It describes a variety of coequal states without comparing one group with another (Pedersen, 1994). It is designed to provide one of the necessary steps in gaining an overview of cultural groups. It will help the reader identify characteristics of cultures, make comparisons between the dominant culture and the culturally different groups, make comparisons among culturally different groups, and use that information to develop strategies or interventions for clients (Locke, 1992). It is believed that—far from undermining the search for unity, identity, and purpose—the multicultural enterprise has the potential to strengthen it.

Pluralistic counseling parallels multicultural counseling in that the pluralistic nature of society is used as a basis for building interactions with clients. Many distinct cultural, ethnic, social, and religious components of society are taken into consideration through pluralistic counseling. The constructs that a counselor uses in this aspect of counseling contain inherent factors of cultural coexistence of numerous groups and subgroups.

International counseling is concerned with the nature of international education, multilingual communication, and survival in an interdependent world that is becoming increasingly more competitive. It is a medium for helping clients recognize the significance of acquiring knowledge and skills to function in a globally interdependent society. International counseling recognizes in its principles that a great number of U.S. citizens deal with problems and decisions arising from relationships with people in other parts of the world. Thus, it is incumbent on counselors to prepare themselves and help clients also to be equipped to cope and live in a constantly evolving world.

Intercultural counseling is a mode for diagnosing and analyzing issues and problems confronting clients embedded in a multilateral and culture-based orientation, thus enhancing cultural understanding among clients and counselors and providing clients with a sense of self-help. Intercultural counseling is a counterpart to international counseling in that it subscribes to a worldview encompassing nations and people around the globe. It maintains a United Nations perspective and allows for client–counselor communication with a number of cultures affecting the counseling interview and that is dependent on the scope and sequence of interaction.

Transcultural counseling epitomizes for this taxonomy a level of cultural transcendence with a transnational perspective. Transcultural counselors are able to understand and elevate themselves above the idiosyncrasies of a particular cultural group. A model for transcultural counseling contains prerequisites for understanding and mastering other cultures in both an academic and an experiential sense. Transcultural counseling is having the ability and expertise to transcend cultural differences so that active interfacing with other cultures and populations considers cultural identity and contextual assimilation. It subscribes to the principles of client empowerment, strength, and functionalism.

Worldview is a term applicable to how a person perceives himself or herself in relation to the surrounding world: nature, institutions, other people, and so forth.

LITERATURE REVIEW

Understanding counseling requires comprehending the philosophies embedded in the counseling process. There are those who ignore the philosophical aspect of counseling when dealing with the profession. The earliest humans saw natural laws and explained phenomena in mystical terms. Philosophical thought viewed life as here-and-now and dealt with it in terms of interest in pleasure. To a group of Greek philosophers known as the Sophists (Burns, 1983), life had no meaning beyond what people put into it. Contention over such philosophical perceptions has developed into concepts later referred to as "Christian ideals" as opposed to non-Christian ones.

Social development has evolved from many different kinds of interpersonal interactions. The experience from these interactions plays important roles in social and psychological growth and development. *Counseling* and *psychotherapy* are terms that have become interchangeably applicable to social interactions in which one of the interacting members, usually referred to as the *counselor* or *therapist,* assumes responsibility for contributing to personality development of others (Brodin, 1988) and cognitive power and stability. Gunnings and Stewart (1989) argued that systemic counseling attempts to improve those personal and social interactional functions by restructuring the style of interpersonal relations. To maintain consistency in the interactional process, Gunnings and Stewart pointed out that therapeutic strategies must be prepared to emphasize the dynamics of such interactions between people and their environment. In other words, emphasis must be placed on exchanges between symptomatic behavior and environmental dynamics that can create problems.

Research emphasizing systemic models indicates that locating the nature of problems within person–environmental interactions encompasses both personal and environmental characteristics. It is important to work to minimize or even eliminate elements that interfere with communication. One idea that needs careful examination is the perception that all problems can be tackled by equipping helping professionals with value orientations and perspectives of the majority culture. Assimilation, in which minority cultures are expected to adopt the customs, values, and mores of the majority culture, is a seductive idea (Gunnings & Stewart, 1989). Such an assumption only appeals to the myth of a great "melting pot." There is no such melting pot. Unfortunately, counseling professionals have been exposed to such perceptions that illuminate certain characteristics reflecting a particular environment dominated by a given majority. The one indelible mark that sets different minority groups apart from each other is the issue of race. Attempts by majority counselors to blend minorities into mainstream ways of life and thinking patterns continue to falter.

Counselor training programs in the past have frequently approached minorities using a monocultural assumption that implies negative stereotypes of minority values and lifestyles (Sue & Sue, 1990). Effective counseling requires mutual understanding between those sending and those receiving communications. Otherwise, a breakdown in communication can occur between those who seek to help and those who are supposed to receive help. Professionals of note in the counseling practice frequently express grave concern over misunderstandings that usually lead to failures in communication as major impediments to counseling (Sue & Sue, 1990; Vontress, 1981). Such misunderstandings arise from failure to appreciate diverse cultural and racial views that have been the basis of ethnic alienation or an inability to develop trust and establish much needed rapport among pluralistic societies (Sue & Sue, 1990).

Most theories of counseling, as mentioned above, are influenced by practitioners who make assumptions about goals and the means to achieve them. As Atkinson, Morten, and Sue (1989) indicated, counseling and psychotherapy have traditionally been conceptualized in Western, individualistic terms. Counseling in the United States in particular has traditionally projected a middle- and upper-class focus. Values and characteristics expressed as goals or processes have primarily focused on the privileged social group whom Sue and Sue (1990) referred to as the YAVIS syndrome:

young, attractive, verbal, intelligent, and successful. Such preference clearly discriminates against the elderly, the indigent, and the culturally different. The social influence during an interaction, explicit or implicit, ranging from toilet training a child to convincing people to stop smoking, is targeted at changing the views, attitudes, and behaviors of clients without examining the counselor's self in contrast to the clients' cultural values. The counselor uses his or her social power to influence client attitudes (Sue & Sue, 1990). According to Sue and Sue, using social influence as a means to analyze counseling not only shows empirical validity but also concentrates on processes applicable to all approaches.

The preceding argument implies that minorities hold worldviews different from the view of the majority culture. Ibrahim (1991) called it "our philosophy of life" or "our experience with social, cultural, environmental, philosophical, and psychological dimensions" (p. 9). According to Sue and Sue (1990), worldviews not only include our attitudes, values, opinions, and concepts but also affect how we think, make decisions, behave, and define events. Numerous counselors are indifferent to cultural diversities when they interact with clients. They respond to clients' needs in accordance with their own values and worldview without regard for other values and worldviews.

It is quite gratifying to observe recent literature addressing the need to develop cultural sensitivity. Ponterotto and Casas (1987) and Atkinson et al. (1989) appear to endorse the idea that diverse racial groups require techniques different from those used for mainstream clients. Many observers of the emerging multicultural counseling model contend that majority clients respond better to directives. Those observers believe that counseling approaches that are directive or active (participatory) rather than passive (nonparticipatory) are more effective.

Understanding mainstream experiences and being able to relay them to other groups require open-minded approaches and commitments from persons who are open to accepting persons from different backgrounds in parity. To date, there have been few systematic attempts to tear down the walls of cultural separation and ignorance and construct bridges across cultural barriers to facilitate communication and encourage better understanding. On the contrary, prejudice against and exclusion of the culturally different have been prevalent in American society. This nation has for years allowed ethnic minorities to suffer segregation and degradation in the cities while affluent America winked its eyes en route to its suburban safe haven. The price for such gross negligence is reflected everywhere today in increased violence, bitterness, and inevitable destruction. Such a class structure obviously increases opportunities for some and limits possibilities for others. Intellectual development has become the instrument for dominance used by the privileged class to suppress others and perpetuate differences among cultural, ethnic, and social groups.

Odom (1989) contended that politics provides a showcase in favor of discrimination, implicitly allowing the dominant and affluent group to prevail. Actions of discrimination are conspicuous and are naturally rejected by those discriminated against. Class conflicts are problems not only in U.S. society but throughout social history. The gap in educational achievement levels between minority and majority children is clear from kindergarten through high school to university (Parham, 1989). In addition, minority students are more likely to be suspended and expelled in greater numbers than their majority counterparts (Sue & Sue, 1990). There seems to be a feeling resurfacing that society is less interested in the plight of minorities.

A pervasive assumption within the profession of counseling is that the definition of normal is universal across social, cultural, economic, and political lines. Arguments against the established norm as a universal standard for behavior are usually criticized as potentially destructive of the social fabric. Behavior changes according to the situation, cultural background of the person being judged, and the time frame during which the behavior is being observed. It is important for transcultural counselors to understand such differences and to be enriched with diverse perceptions so that they transcend the boundaries of their own self-reference to examine issues on the basis of the cultural outlook of their clients.

As Hall (1976) indicated, mainstream counselors have been too dependent on abstract concepts, assuming that others will understand the abstraction as they do. A general notion within Western culture favors individualism. To most Americans, for example, independence is valuable and dependence undesirable. In other words, individuals should not depend on others, nor should they allow others to depend on them. Yet there are many cultures throughout the world in which dependency is considered not only healthy but also necessary. Describing the concept of *amae,* a special relationship between a mother and her eldest son in Japanese culture, Pedersen (1994) stated that, while young and dependent, the son is being prepared for the years ahead when his mother will be old and dependent on him. In Japanese society, therefore, the concept of dependency becomes a measure of the relationship between individuals and everything they represent in life. Such concepts and ways of thinking are important to understand before one sets out to help multicultural social groups. The masses of counselors have been trained in a context in which dependency is devalued. If counselors fail to change such an assumption (Pedersen, 1994), they are unlikely to be able to communicate appreciably with those from other cultural backgrounds. In an era of increasing pluralism and interdependence generated by miracles of modern technology, counselors should recognize the limits of a closed, biased, and culturally encapsulated (Pedersen, 1994) approach that strives to promote domination by an elite group. Many have recognized the need to move beyond parochial concerns of monoculturalism and look at the world comprehensively. Recognition of such limits has gradually introduced counseling professionals to a new perspective on counseling. Unfortunately, this recognition has not been transformed into implementation.

As counselors increase contacts with other cultures and nations, they experience exposure not only to other ways of life but also to opportunities to learn a great deal about themselves. Such encounters challenge them to examine their heretofore unquestioned assumptions and view about themselves and their environment. The challenge to examine themselves and their narrow-based view opens up an opportunity to look at the world through a different window. In the meantime, this challenge creates growth experiences by raising the level of minority consciousness to a point at which minority groups have begun to confront majority perspectives not only in law and politics but also in counseling. Such challenges have led to what Atkinson et al. (1989) viewed as crossroads of a major choice in the counseling profession. Ethnocentrism has been the traditional perception, expressing superiority of the European American world in contrast to all other worlds. As noted earlier, it was this road that led to the development of traditional theories of counseling and psychotherapy and influenced a majority of the counseling professionals to date. The time has come to challenge monoculturalism in favor of multiculturalism and beyond.

TRANSCULTURALISM

Multicultural or transcultural awareness is an ongoing process not limited to any unique population or group. Multicultural awareness recognizes all varieties of cultural and individual identities. Pedersen (1982) provided a comprehensive description of the multicultural training process in reference to personality development. Pedersen contended that as counselors become more aware of ethnographic, demographic, and socioeconomic differences, they understand diversity and identity better.

Research indicates that attempts to prepare persons for communication across cultures have ranged from letting them learn from their own experiences and mistakes to directive and explicit training for specific skills. Technical competence, although required to teach skills, is insufficient without the interpersonal link essential to establishing effective communication between counselor and client. Literature evaluating cross-cultural and multicultural concepts to deal with issues at a more comprehensive level goes beyond national and international frontiers. Among several paradigms, the *cultural awareness* model assumes that for persons to function successfully in an alien environment, they must master principles of behavior existing across cultures. Counseling across cultures must be extended to deal with issues at the international level. According to Locke (1992), the word *international* sparks mixed images, some exotic and some familiar to the professional involved. Many would view the unique or unfamiliar as frightening and unacceptable. For example, in spite of diverse socializing processes of the people living in the United States, there is a common thread running through the cognitive mainstream of America that can be observed by the majority population through their monocultural lens.

Counseling is a profession that deals with culture in a generic sense, and circumstances for counseling vary with the nation where the counseling process is applied. In other words, differences within and among cultures should not be feared or suspected but must be valued and appreciated. The emphasis in transcultural counseling is on encouraging those whose work brings them in contact with many different cultural communities (d'Ardenne & Mahatani, 1989). As world cultures differ, so should counseling approaches and styles around the globe. As Locke (1992) stated, the dominant cultural values of mainstream society in the United States, a nation characterized as direct, open, and honest in interpersonal interactions, could conflict with values held by others where communication is indirect and persons are reluctant to open up to those outside their immediate families. Pedersen (1982) believed that indigenous approaches to mental health in non-Western cultures must be taken more seriously instead of adopting the "shaman view," a stereotypical notion of curiosity and fascination with indigenous healers' techniques. In reality, one should try to integrate indigenous techniques with other mental health services. Studies on cross-cultural psychiatric evaluation and diagnosis (World Health Organization, 1979) have indicated a more careful assessment of culture beyond the unique, dramatic, and more conspicuous manifestations to a near-to-home phenomenon of everyday life. For instance, African Americans face unique psychological, cultural, and economic stresses caused by racism exercised by mainstream society, in addition to problems common to many other Americans. Strong social support systems distinguish those family members who are able to cope with various common and unique problems. One such social support system is personal and group contacts through which the individual maintains social identity and receives emotional support, material aid and services, information, and social contact. Among many social support systems available to African Americans historically have been the church and the kinship network. The importance of these variables is consistent with the ancestral (African) values of spirituality and concern for others. The church is a major root of social support in African American communities. Church members are respected and able to excel in the struggle for survival, expression, participation, and fulfillment. The church helps to maintain family solidarity while also allowing for the expression of frustration, distress, and pain. In addition, the church provides a deep sense of spirituality for coping with stress that must be recognized and incorporated into the therapeutic process (Boyd-Franklin, 1989) as one begins counseling.

Without a historical perspective on the African American family, any model for treatment is likely to fall short of its targets. Wilson and Stith (1991) emphasized that although African Americans share many problems with their European American counterparts, a racist environment changes and intensifies the meaning and impact of these normative sources of stress. In spite of reluctance by some practitioners to delve into family history, it is essential that counselors study the backgrounds and history of their clients and seek collaborative approaches in conjunction with ethnographic literature to develop a sense of the meaning and impact of environment on clients.

Conceptions of mental health and illness are ultimately derived from a worldview and philosophy of life that prevails in society. Eastern societies (Muslim, Chinese, Korean, etc.), for example, despite modernization, scientific revolution, and technology, remain conditioned by respect for elders, respect for beliefs, and a tendency to appreciate group activities and norms rather than individualistic ideas. Das (1987) suggested that religious traditions define the ideal of the good life and prescribe the rules by which people must live their daily lives if they wish to attain the good life. Psychological distress and disorders are explained within a religious framework in terms of either spiritual possession or violation of religious or moral principles. Healing may take the form of invoking supernatural power or restoring the sufferer to a state of well-being by prescribing right conduct and beliefs.

A plethora of literature on counselor education and supervision indicates that mutual influence of personality and culture is often inferred post hoc in the interpretation of findings rather than in the prediction of results obtained. Identifying particular component variables of culture and personality can enhance the design and implementation of counseling in specific cultural situations (Mwaba & Pedersen, 1990). Scholars across disciplinary spectra have directed their studies and teaching toward non-Western and minority cultures (Perry, 1992). Lately, counseling practitioners have experienced shifts in their personal worldviews in response to a recognition of diverse values that exist. The concept of culture, as an example, which is the basis for multiculturalism, has been central to anthropological studies with which the emerging multiculturalists and transculturalists are grappling to understand culture.

According to Perry (1992), anthropologists might help transculturalists marry their perspectives with other cultures. Because anthropologists spend years living within other cultures and studying people, listening and grappling with the local vernacular, they possess a respectful understanding and interpretation of cultural variations. Such involvement is ideal for multicultural or transcultural counselors to broaden their understanding of those they serve. Attempts to promote this insight could be made by blending some anthropological literature with multicultural and cross-cultural findings, in the process developing a stronger transcultural counseling model for understanding cultural diversity. Perry (1992) sensed an exclusion of anthropology from multiculturalism that minimizes transcultural understanding. One explanation Perry gave was that exclusion might be due to a reluctance to acknowledge old or alien cultures because recognizing anthropology would mean that nonanthropologists need to read more anthropological works, and this could be daunting.

Anthropologists believe that multiculturalists are not doing enough. Despite their genuflection to the validity of other cultures (Perry, 1992), multiculturalists do not fully comprehend the complexity of cultures. Multiculturalism tends to assume that other cultural experiences can be sampled through brief encounters. For example, multicultural programs at many institutions include brief faculty and student trips to a foreign institution. Such visceral approaches are rather inadequate because they lack depth sufficient to internalize validity. They may miss or blur important distinctions that can be identified by taking time to study a cultural environment comprehensively. Transculturalism encourages an anthropological approach to understanding cultural diversity because clients come to counselors with different expectations and attitudes about the content of sessions, process, and, most of all, counseling relationships, which reflect their earlier experiences and relationships across cultures (d'Ardenne & Mahatani, 1989). Hispanic or African American clients are frequently offered access to counselors from their own culture, and, at the same time, they opt for counselors who are capable, competent, and culturally sensitized to deal with individuals of diverse experiences.

Cultural isolation that has existed over time between social groups continues to perpetuate itself in the United States. For example, there is growing concern among educators and minorities (African Americans, Hispanics, Samoans, Native Americans, etc.) that students from these groups who attend predominantly White colleges and consequences of such phenomena are certainly interfering with stable social existence. The 1992 Los Angeles riots reflected the underlying tension brought about by cultural isolation and indifference exhibited toward African Americans and other minority groups in American society. Minorities feel that they are frequently pressured to conform to the expectations of the dominant culture. Naturally, such expectations are strongly resented by minorities who want to maintain and promote self-identity. This clash creates serious challenges during the counseling process for all ages and social strata. Cultural isolation in any form leads to feelings of alienation pervasive throughout society.

To combat this phenomenon, transcultural counseling provides guidance and understanding on how to deal with mental and social crises because its work focuses on counseling rather than on a particular school or model (d'Ardenne & Mahatani, 1989). Pearson (1985) described counseling across culture in terms of using cultural knowledge and skills creatively to help people live satisfactorily in a pluralistic world. Transcultural counselors should draw on family, social networks, religious experiences, political beliefs, and institutional training. The argument is that one needs to exhaust immediate resources before one advocates a given school of thought to pursue as a model.

There is a need for professional counselors to deal with growing multiethnic problems. Although most schools provide counseling programs, they do not prepare their students to interface effectively with most international counseling paradigms. Counselors emerging from such an environment often tend to be "sympathetic" in approaching problems pertaining to minorities. Thus, minorities usually get sympathetic responses instead of objective help. Therefore, to provide relevant services, counselors need to deal adequately with the dynamics of cultural variables and related stereotypes. To create constructive counseling processes, counselors must develop an objective approach to help with partial understanding of cultural, psychological, and social needs and concerns of all clients.

McFadden's (1986) psychosocial dimension of counseling minorities addresses the fundamental elements of effective counseling skills that are paramount in meeting needs of diverse cultural groups. It also deals with cultural, psychological, and social dynamics of a society to respond to unique cultural backgrounds of clients. McFadden stated that counselors with global perspectives exercise the responsibility to learn the values particular to each culture to help clients understand their strengths and weaknesses. He emphasized that counseling must analyze social, political, and economic development from a multicultural context. Because the ultimate goal of counseling is to enable clients to become the persons they need to be to accomplish their goals, clients need to be aware of the strategies they can use as they confront problems. The counselor's responsibility is to help clients learn to identify and analyze problems, define goals, and generate alternative courses of action that might lead to desired goals. In effect, clients should learn to be their own counselors. To empower clients and provide guidance, counselors must use transcultural approaches involving listening accurately to inform clients of what different cultures offer and to help clients manage difficulties that occur within clients' cultural context by focusing on feelings expressed in unfamiliar ways.

Transcultural counselors should be in a position to decide and introduce issues without prejudice and be skilled enough to deal with them openly with their clients. Counselors in a transcultural setting must possess skills with which they are comfortable about racial and cultural matters (d'Ardenne & Mahatani, 1989). The issue of prejudice is crucial in a transcultural counseling process, as it comes in varying forms, ranging from the usual overt and hostile reactions to more subtle patronizing responses (p. 40). Transcultural counselors are cautious enough to monitor reactions, languages, and signs that may indicate culturally unique differences. These counselors are fully aware of compliments and taboo subjects when they interact with clients in various ways. It is understandably impossible for counselors to absorb and differentiate all the knowledge regarding their clients in a cultural context. Nevertheless, skilled, committed, and open-minded counselors should exercise flexibility to be able to interpret even signs and symbols as they pertain to communication, recognizing and acknowledging when there is something they do not know or understand. Knowledgeable and effective counselors are in a position to sense prejudices and confront them at the earliest stage.

d'Ardenne and Mahatani (1989) held that all counselors enjoy a position of power; the power position is quite complicated because of the discrepancy of status that exists between cultures in a transcultural setting. They concluded that clients' judgment of the counselors' status is likely to be influenced by a number of factors. So, practitioners bear the responsibility to apply equal status. Only when counselors recognize the difference between individuals and cultures involved in the interactional process can they tackle their clients' problems and produce some applicable outcome. The differences introduced here need not be based solely on race and color. A range of issues pertains to differences between people. For example, gender, ethnicity, family, age, socioeconomic circumstances, disability, sexual orientation, and varying degrees of talents should be factored into decisions in transcultural counseling.

The status of the counseling profession is vehemently contested today by minorities and feminist practitioners (Katz, 1985). Counseling professionals acknowledge that clients are directly affected by their culture and environment. Such an influence cannot be brushed aside, although many counselors continue to manifest indifference and unawareness and impose their own views. As Katz (1985) stated, to make the multicultural approach of counseling responsive and different, counselors must be willing to engage in a thorough self-examination in reference to underlying cultural values that constitute the basis for the counseling profession. Counselors can proceed to create relationships between cultures by opening themselves up not only to help but also to learn and realize the relative character of their own culture compared with the stature of other cultures. Transcultural counseling is not limited to unique situations but applies equally to a variety of cultural, social, and ethnic identities. Pedersen (1994) provided a most comprehensive description of personality development in a multicultural environment, one that can be applied in transcultural counseling situations. He noted that as individuals become more aware of how ethnographic, demographic, status, and affiliation variables systematically influence each person, then each person becomes more aware of his or her own identity. In like manner, transcultural counselors are expected to be more culturally skilled in order not to allow a wide gulf to develop between clients or between counselors and clients. Transcultural counselors can see through a window of opportunity the challenge to master principles of understanding, acceptance, and celebration that apply to a multiplicity of cultures for building effective counseling relationships at home and abroad.

CONCLUSION

Counseling professionals have the duty to prepare individuals to live and work cross-culturally. This is a complex task because of the diversity of cultural groups with which a counselor could conceivably interact. The world continues to witness growing numbers of people interacting with increasing frequency and regularity. To these interactions people bring certain values, norms, and beliefs. As people from different backgrounds come together to perform tasks and fulfill common goals in schools, in communities, or in business transactions, diverging views are certain to clash. Adjusting to new ways of life can be quite overwhelming to those ill-prepared for the experience. It is incumbent upon transcultural counselors to bridge the gaps between cultures (Brislin, Cushner, Cherrie, & Yong, 1986) by preparing individuals, families, and communities to meet new challenges and develop by identifying factors that should contribute to mutual acceptance and respect and result in peaceful coexistence.

Therefore, the transcultural counseling notion is an attempt to help individuals or groups achieve the goals of their cross-cultural assignment to improve communication among peoples of the world (Brislin et al., 1986). In recent years, counselors have recognized the value of others' cultural traditions. Efforts to counsel the culturally different have attempted to focus on cultural issues in terms of cross-cultural and multicultural practices. Such endeavors are expected to broaden professional understanding in transcultural counseling, which one hopes is coming into its own. Counseling professionals need to realize the importance of considering clients' cultural backgrounds and traditions. During the rest of the 1990s and the early 21st century, counselors must address the needs and problems of a culturally diverse global society through the transcultural counseling model.

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CHAPTER 2

TRANSCULTURAL COUNSELING: EXISTENTIAL WORLDVIEW THEORY AND CULTURAL IDENTITY

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Transcultural counseling assumes a stance that counseling and other helping ventures can occur across cultures, nations, and continents. To take on such an ambitious stance, one has to address the practice of counseling from many perspectives. It cannot be driven by one theory, worldview, or belief system. Clients do not come in neatly labeled packages that inform the counselor or therapist what approach would work best. The approach discussed here incorporates *existential worldview theory,* along with the use of the Scale to Assess World View and the concept of cultural identity as mediators to culturally specific counseling and psychotherapy (Ibrahim, 1991). Existential worldview theory is cognitive in nature. It focuses on pancultural variables, which are basic issues that all human beings must confront. Using these variables, it focuses on identifying clients' cognitive schemas within their cultural context.

As noted earlier, existential worldview theory bridges cultural gaps in the counseling literature. It is an approach that emphasizes that all individuals involved in a counseling venture are clear about their cultural context, worldview, and cultural and gender identity. Furthermore, it can prepare the helping professional to confront and reasonably address counseling needs in a rapidly shrinking technological world (Ibrahim, 1985b, 1993). Our world continues to be extremely pluralistic. Yet, counseling theory and practice is derived from a monocultural, male perspective. This "mainstream," or the "first world" approach, assumes that all people function within this value system. The result is cultural oppression or cultural "malpractice" for people with varied cultures, worldview, and belief systems (R. H. Dana, August 15, 1997, personal communication; Ibrahim & Arredondo, 1986, 1990).

The existential worldview perspective (Ibrahim, 1993) reduces chances of racial and cultural oppression by emphasizing consideration of issues related to human existence that are pancultural and individual-specific (identify individual worldview as well as cultural and gender identity), before analyzing how clients are reacting to their crises, social contexts, sociopolitical history, race, life stage, socioeconomic level, disability status, and so on. The tendency to focus on the client as a representative of a certain racial or cultural category violates the client, denies his or her uniqueness as a person, and is clearly cultural malpractice.

NEED FOR TRANSCULTURAL COUNSELING

For over two decades, counseling literature has expressed concerns regarding the viability of the available models of counseling, specifically because these rest on the values and belief systems of the majority point of view. The United States, as the world leader in counseling psychology, exports mainstream American philosophy regarding counseling and psychotherapy to Africa, Asia, Eastern Europe, South America, and the Pacific Rim countries. These mainstream models systematically deny the realities of non-Western systems of thinking. In the United States, these models violate immigrants, ethnic minorities, women, and people with disabilities and different lifestyles (American Association for Counseling and Development, 1987; Castillo, 1997; Ibrahim, 1986, 1991; Ibrahim & Arredondo, 1986, 1990; Pedersen, 1986).

Demographic projections show that a century from now, the population of the United States will be closer to the world balance:

57% Asian, 26% White, 7% Black, and 10% people of Hispanic origin (this group may include any of the following races, i.e., White, Black, and Native indigenous populations; see Edmunds, Martinson, & Goldberg, 1990; Ibrahim, 1991, 1992b). The U.S. Bureau of the Census (1992) reported that by the year 2000, 12.9% of the population will be African American, 11.1% will be Spanish speaking, 4.5% will be Asian/Pacific Islander, and 0.9% will be American Indian/Eskimo/Aleut. The upcoming changes in the demographics of the United States require that for the counseling profession to remain a leader in the world, it must revise and review its procedures and policies to make them relevant to the population within and without the United States.

The charge for professionals in counseling is to respond to these concerns. Furthermore, counselors need to consider how theories for relationship building and therapeutic interventions can be expanded to address people internationally (Ibrahim, 1989, 1993). Although progress has occurred in clarifying the needs of the underserved in counseling, this to a large extent is limited to theoretical formulations and research applications to "minority" segments of the population (Ibrahim, 1991). The assumption is that these points of view add nothing to the majority assumptions regarding counseling (Ibrahim & Arredondo, 1990). Ibrahim (1991) proposed a radical shift in perspective: that the literature and research in multicultural counseling make a significant contribution in terms of perspectives and applications to generic models of counseling.

The definition of *transcultural counseling* that is subscribed to in this chapter is very broad. Any encounter that involves individuals from two different races, cultures, genders, generations, life stages, sexual orientations, or religions is considered a transcultural encounter (Ibrahim, 1985a). These variables influence the mode in which the counselor and the therapist approach a specific problem or issue. In the narrower definition of transcultural counseling, only race, culture, and nationality are considered. Earlier research in the United States focused on understanding the impact of counselor race or culture on the client (S. I. Abramowitz & Murray, 1983; Atkinson, 1985; Banks, 1972; Carkhuff & Pierce, 1967; Griffith, 1977).

Theorists and researchers have offered three major recommendations to ease the process of multicultural encounters in counseling. These include (a) an understanding of worldview (values, beliefs, and assumptions) and its impact on identity, philosophy, and modes of interaction with the world, including, but not limited to, problem solving, conflict resolution, and decision making (Ibrahim, 1984a, 1984b, 1985a, 1991, 1993; Ibrahim, Ohnishi, & Wilson, 1994; Ibrahim & Schroeder, 1987, 1990; D. W. Sue, 1978; D. W. Sue & Sue, 1991); (b) knowledge of specific cultures and knowledge of culture-specific verbal and nonverbal skills to facilitate the particular encounter (S. Sue & Zane, 1987); and (c) research on the many process and outcome variables (mostly limited to counseling and psychotherapy), including racial similarity/dissimilarity, client expectations, match between therapist and client, therapist credibility, and attractiveness.

Pedersen, Fukuyama, and Heath (1989) noted that research on client, counselor, and contextual variables yielded mixed results. Recommendations that encourage therapists to be culturally sensitive and to know the culture of the client have not proved to be very effective either (S. Sue & Zane, 1987). Furthermore, culture-specific techniques applied to clients across cultures, without attention to appropriateness of the techniques to the specific client, pose a threat of cultural oppression. S. Sue (1988) noted that cultural factors in the treatment of ethnic minority clients have received the greatest attention among therapists, yet services to minority or culturally different clients remain inadequate. This is due to a lack of bilingual and bicultural counselors, stereotypes and biases that counselors hold, and inability of the therapist to provide culturally responsive forms of treatment. This inadequacy is attributed to training models that have been developed for the majority group in the United States (Ibrahim, Stadler, Arredondo, & McFadden, 1986; Ponterotto & Casas, 1987).

The helping professions are still seeking viable theories and models of training to provide valid, effective, reliable, and ethical professional services in transcultural encounters (Corey, Corey, Callanan, & Russell, 1998). The models must be theory based. It is critical that in this pluralistic and technologically shrinking world and, specifically, in a multicultural nation, the focus shifts to transcultural models of helping and training. It is imperative that counselors acquire specialized skills and sensitivity to culturally different clients (Brown & Srebalus, 1988).

TRANSCULTURAL CONTEXTS AND SELF-DEFINITION

Anthropologists have had a long-term interest in mental illness (Marsella, 1993), yet anthropology had no direct impact on psychological theory until 1980 (Castillo, 1997). Research in anthropology suggests that the cultures of the world and the cultures of the United States can be categorized into two polar opposites in terms of how the self is defined, conceptualized, and articulated (Bateson & Mead, 1942; Gaines, 1982; Geertz, 1973; Shweder & Miller, 1985). These two types of cultural contexts are (a) *relational* (Cohen, 1969) and (b) *contextual* or *analytic* (Geertz, 1973; Shweder & Miller, 1985). These two cultures differ in their definitions of the idea of the self and form the individual self according to this cultural template. Relational or analytical cultural systems have different assumptions regarding the idea of self, autonomy, concept of time, construction of personal control, understanding of mind and body, and construction of morality (Landrine, 1992).

In a relational cultural system, the self is indexical, autonomy is defined by the familial/group context, time is polychronic, personal control is secondary, mind and body are seen holistically, and morality is defined by duty. In an analytical cultural system, the self is referential, autonomy is exemplified by individualistic assumptions, time is monochronic, personal control is primary, mind and body are perceived as dualistic, and morality is defined by a rights orientation (Landrine, 1992).

Draguns (1996) noted that the self has emerged as a central construct in cross-cultural counseling. Several theorists and researchers link self-experience and cultural characteristics that define how a person will perceive reality (Landrine, 1992; Markus & Kitayama, 1991). Page and Berkow (1991) noted that the self is seen in a variety of ways by different societies. This can vary from understanding the self as a basis for prosocial interaction (Adler, 1925), to an unconscious archetype (Jung, 1958), to a personal construct (G. Kelly, 1963), to a basis for the organization of perceptions (Coombs & Snygg, 1959). Social relationships and expression of psychological distress are influenced by one's definition of self, or identity, as an object or a subject.

Marsella and White (1982) noted that the meaning, experience, and manifestation of psychological distress vary according to the culturally conditioned epistemological orientation of a given group. They contended that groups that tend toward the subjective in self-definition would display more somatic symptoms in response to psychological distress, whereas groups that tend toward the objective pole in defining the self would have more existential or cognitive symptoms. To understand cultural conditioning, one needs to move beyond the concept of race and ethnicity to understanding aspects that clarify the human condition in general and the specific way people consider their universe, the world, and the people and objects within it. It is the concept of cultural conditioning and the cognitive schemas that this process generates that is of importance to psychology (Castillo, 1997; Neisser, 1976).

ROLE OF VALUES, BELIEFS, AND ASSUMPTIONS IN COUNSELING AND PSYCHOTHERAPY

Counseling and psychotherapy are value-laden professions (Bergin, 1991; Beutler & Bergan, 1991; Strupp, 1978). Controversy regarding the role of counselor values and their impact on process and outcome in counseling has raged for decades (Patterson, 1989). Some argue that there is a distinction between the theory to which counselors subscribe and the personal values they hold (Beck, Rush, Shaw, & Emery, 1979). Others consider this perspective impractical and confusing (Cirillo & Wapner, 1986). Most agree that counselors cannot advocate a value position that is free of their personal assumptions or interpretations (Frank, 1973; Strong, 1968).

Beutler and Bergan (1991) reported that research in the last two decades on value similarity and counseling efficacy suggests that two conclusions can be drawn: (a) Value convergence between counselor–client beliefs and attitudes is directly related to positive outcome, and (b) a "complex pattern of similarity and dissimilarity between client and counselor values is conducive to enhancing the strength of this convergence" (p. 18). This implies that, for a positive outcome in therapy, counselor and client cognitive and cultural schemas must have certain points of convergence.

T. Reid (1989) extended C. Kluckhohn's (1951, 1956) framework and Speigel's (1982) value domains to clinical practice. Reid suggested that the dominant culture is characterized by an orientation toward the future, rather than the past or the present. He also noted that the majority culture has a male, middle-class orientation that emphasizes the importance of doing over feelings, and competition over collaboration. Beutler and Bergan (1991) suggested that people with this profile seek to conquer frontiers, control the weather, constrain natural forces, and domesticate animals. In contrast to these assumptions, both T. Reid (1989) and Speigel (1982) argued that value orientations of the inner-city poor focus on the present, on group identity instead of autonomy, and on mistrust of people outside their group.

In transcultural counseling, worldview and cultural identity are mediating variables used to understand the cultural and gender identity of the client (Ibrahim, 1991; Ibrahim et al., 1994). Worldview is a significant contribution of the multicultural counseling literature to the generic fields of counseling, education, training, and development (Ibrahim, 1984b, 1985a, 1985b, 1991; D. W. Sue, 1978; D. W. Sue & Sue, 1991). This is the mediating variable that makes knowledge of a specific cultural group and knowledge of culture-consistent and culture-specific techniques meaningful (Ibrahim, 1991). Without worldview as a mediating variable, both knowledge of specific cultures and culture-specific techniques can be misapplied, leading to charges of ethical violation and cultural oppression. After clarification of client worldview, culturally sensitive applications of theory and research can occur. An understanding of individual worldview also helps in focusing on within-group variation and on the role gender identity plays in client self-definitions. Gender identity is a neglected construct in multicultural counseling (Hansen & Gama, 1996; Ibrahim & Kahn, 1987; Ibrahim & Owen, 1994; S. Sue, 1988; Sundberg, 1981; Triandis & Brislin, 1984).

The acknowledgment and acceptance that individual worldview may vary within a group makes the intervention "client-specific"—that is, useful and meaningful for the particular person, not only as a representative of a certain racial, cultural, religious, age, or regional group but also as an individual. Without knowledge or skills to assess and fully understand worldview and cultural identity of a client, a counselor, educator, or trainer has no alternative but to apply the information regarding a specific culture to a client from that culture, at best, or may simply impose their worldview on the client, in the worst case scenario.

This general application of cultural information, or an assumption that the client is similar to the counselor, can lead to cultural oppression and malpractice, because it forces an idiosyncratic client into a perceived model (Dana, 1993; Ibrahim, 1993). Treating persons as stereotypes of their cultural group violates the person's individuality and may lead to premature termination of counseling, with minimal therapeutic effectiveness, and possible negative perceptions by the client of the counselor and the field of counseling (Ibrahim, 1991).

Proposals and models exist that counselors increase their competence in transcultural encounters by expanding their awareness, knowledge, and skills (Ibrahim & Schroeder, 1989; Pedersen, 1994; D. W. Sue & Sue, 1991). Empirical evidence is still being gathered regarding the efficacy of these proposals. Counselors need a strategy to understand their own cultural identity, worldview, and philosophy of life. This must occur against the backdrop of their culture, socioeconomic level, race, age, life stage, ethnicity, gender, sexual orientation, and sociopolitical history. The worldview of the counselor is especially critical because the client's welfare is dependent on the counselor's ability to provide appropriate assistance. If counselors cannot confront their cultural identity and worldview and do not reflect on the multiplicity of factors that have shaped their lives, they will be unable to provide effective transcultural counseling services, because their cultural assumptions will systematically operate in the counseling encounter.

ROLE OF GENDER IDENTITY IN COUNSELING INTERVENTIONS

Hansen and Gama (1996) critiqued multicultural counseling theories and propositions and noted that gender has been overlooked in this domain. Gender demarcates the experience of men and women in any cultural context. Castillo (1997) defined the unique society adopted by *Homo sapiens* as "cooperative male dominant." This system is characterized by high levels of cooperation among males to dominate females and control female sexuality. Patriarchy and social systems that place men higher in the social context create two different worlds for men and women. A client's gender identity becomes a critical variable to be incorporated in the counseling process, because the client's experience is defined by his or her cultural and gender identity as well as by how society or the family values or devalues him and her.

Gender is a social construction, and gender roles are ascribed across cultures. The world of men and women have similarities and differences. Hansen and Gama (1996) noted that research (Arredondo, Psalti, & Cella, 1993; Comas-Diaz & Greene, 1994; Ibrahim, 1992a, 1992c; Ibrahim et al., 1994; P. T. Reid & Kelly, 1994; Russo & Dabul, 1994; Worell & Etaugh, 1994) has started the integration of culture and gender issues in counseling and psychotherapy. New emerging models emphasize the intersection of race, culture, gender, class, sexual orientation, age, and life stage (Pope-Davis & Coleman, in press). Consideration of all these aspects of an individual's life makes transcultural counseling a complex process to undertake. Knowledge and awareness of processes that underlie these dimensions and how they are combined in each individual's world become critical to the process of counseling and psychotherapy.

WORLDVIEW AND CULTURAL IDENTITY

To provide ethical and appropriate counseling and psychotherapy to clients from different cultural backgrounds, nationalities, ethnicities, races, genders, ages, life stages, educational levels, and social classes, the counselor must understand his or her own worldview and cultural identity and philosophical and psychological assumptions. The counselor must also have knowledge of both primary and secondary cultural environments that he or she comes from (Ibrahim & Arredondo, 1986, 1990).

Sire (1976) stated that a person's worldview consists of the presuppositions and assumptions he or she holds about the world. Horner and Vandersluis (1981) maintained that because worldviews are culturally based variables, they influence the relationship between a helper and a client. A person's worldview directly acts on and mediates his or her belief systems, assumptions, modes of problem solving, decision making, and conflict resolution (Ibrahim, 1991).

The importance of worldview in multicultural encounters was first highlighted by D. W. Sue (1978), who defined it as an individual's perception of his or her relationship with the world (i.e., nature, institutions, people, things, etc.). Sarason (1984) noted that each person possesses and is possessed by a worldview as a result of the socialization process. One's worldview influences individual goals and behavior. Worldviews are identified as a critical variable that can enhance or obstruct the process of counseling or communication (C. V. Abramovitz & Dokecki, 1977; Ibrahim, 1984b, 1985a; Ibrahim & Kahn, 1987; Strupp, 1978; Sundberg, 1981). Ibrahim (1991) contended that the worldview of the counselor is a critical variable in helping a client, because it affects the solutions that clients seek to achieve psychological balance and better adjustment.

D. W. Sue (1978) originally proposed the idea of worldview based on two psychological theories: locus of control (Rotter, 1966) and locus of responsibility (Jones et al., 1972). This theoretical perspective provided an important tool in cross-cultural encounters. However, no integrated instrument was developed to assess this construct of worldview. Ibrahim (1984b, 1985a) proposed a broader formulation of the construct of worldview based on C. Kluckhohn's (1951, 1956) work on value orientations and value emphasis in various cultures. Kluckhohn's framework accounts for both philosophical and psychological dimensions, including beliefs, values, assumptions, attitudes, and behavior of individuals and groups. Kluckhohn (1951) proposed five universal or existential categories that pertain to a general, organized conception of human nature, social relationships, nature, time, and activity. He postulated that these conceptions influence human behavior, motivations, decisions, and lifestyles.

Ibrahim's (1984a, 1985a) theory has an existential philosophical bent in clarifying human concerns that are pancultural. It is a cognitive–values perspective that uses worldview and cultural identity as mediational forces in an individual's life. The theory proposes that each individual in the therapeutic dyad be viewed as a unique "cultural entity" (Ibrahim, 1984b), with an emphasis on the individual's "subjective reality" (Triandis, 1972) or worldview (Ibrahim, 1984b). Such a process of self-examination for the counselor and focused attention to the client's worldview will ease the development and establishment of a positive therapeutic relationship. Ibrahim (1991) also contended that it can lead to counselor–client cultural matching based on cultural assumptions and philosophical similarity, instead of race and gender similarity.

COUNSELOR–CLIENT CULTURAL MATCH

Beutler and Bergan (1991) suggested that the average middle-class counselor may have significantly different values from the clients with whom he or she may work. Furthermore, cognitive and information-processing theories propose that it is the attitudes of the counselors, not their demographic background in isolation, that determine how a person perceives and responds to interpersonal events (Lazaurs, 1988; Tataryn, Nadel, & Jacobs, 1988). Tyler, Sussewell, and Williams-McCoy (1985) recommended cultural matching to overcome the problems and issues inherent in transcultural encounters.

S. Sue (1988) underscored the importance of cultural matching. According to him, cultural matching is more relevant than ethnic matching. Sue based this on the premise that ethnic similarity does not necessarily imply cultural similarity, because of the multiplicity of factors that can influence counseling. Sue also noted that although ethnicity is important, what is more important is the meaning of that ethnicity for the client. Furthermore, he stated that research in the treatment of ethnic clients has focused on ethnic factors, whereas cultural factors have demanded the greatest attention among multicultural counselors. Sue proposed that a cultural match can be studied in terms of three variables: (a) diagnosis of the client's problems, (b) modes of problem solving and decision making, and (c) goals for treatment. Cultural matching requires that the client's worldview must be understood, because there is vast variability within ethnic and cultural groups (Ibrahim & Kahn, 1987; S. Sue, 1988; Sundberg, 1981). This information will allow both the counselor and the client to assess if they are culturally compatible. It also encourages conditions that will enable an effective formulation of both process and goals.

In its application, Ibrahim's (1984a, 1985a, 1991, 1993) theory includes the following perspectives:

- Both the counselor's and the client's worldview must be clarified. This must include an analysis of both cultural and gender identity (Ibrahim, 1992c; Ibrahim et al., 1994) of the parties involved and implies ethnicity, culture, age, life stage, socioeconomic level, education, religion, philosophy of life, beliefs, values, and assumptions.

- These worldviews, once clarified, must be placed within the following contexts: sociopolitical, history of migration, acculturation level, languages spoken, and comfort with mainstream assumptions and values (Ibrahim, 1985a, 1991; Ibrahim & Schroeder, 1990).

The Scale to Assess World Views (SAWV; Ibrahim & Kahn, 1984, 1987) and the SAWV II (Ibrahim, 1992d), based on C. Kluckhohn's (1951, 1956) value orientations and value emphases, cover the following existential categories, with the given range of assumptions:

- Human nature: good, bad, or a combination of good and bad
- Social relationships: lineal–hierarchical, collateral–mutual, and individualistic
- Nature: subjugate and control nature, living in harmony with nature, accept the power and control of nature over people
- Time orientation: past, present, and future
- Activity orientation: being, being-in-becoming, and doing (Ibrahim, 1991, p. 15)

The SAWV has adequate reliability and validity (Ibrahim & Kahn, 1987; Ibrahim & Owen, 1994). The use of the SAWV helps the counselor in (a) understanding the client's specific worldview, beliefs, values, and assumptions, which have a direct relationship with their cognitive, emotional, social perceptions and interactions with the world; (b) providing an understanding of the expression and experience of the issues and problems that bring the client to the counselor; and (c) clarifying the client's worldview as compared with his or her primary cultural group (i.e., differentiating the client from family, primary group, and larger society; Lonner & Ibrahim, 1996). The use of the SAWV as a mediational force eliminates the risk of cultural oppression when applying culture-specific information, knowledge, and skills to counseling, psychotherapy, or training (Ibrahim, 1991).

The worldview of the client must be understood within the context of the client's cultural and gender identity. This context incorporates the following variables (Ibrahim, 1990b, 1992c, 1993):

- How gender is conceptualized in the client's primary group
- How gender affects the client in the familial and primary cultural context

- Sociopolitical history
- Generation in the United States (group history)
- Social conditions experienced by the client's group and status of the group
- History of migration to the United States (how the client's group was received and integrated in the United States; the client's own migration history, if an immigrant—voluntary or involuntary or a refugee)
- Religion (status of client's faith in the United States)
- Age and its meaning in the client's primary cultural group and the mainstream culture
- Life stage and its meaning for the client in the primary cultural context and in mainstream culture
- Birth order in family or only-child status
- Languages spoken (impact of the philosophies underlying the bilingual or trilingual languages spoken, status or lack of status associated with the language)
- Ability or disability status and how this is viewed in the client's own culture and among mainstream cultures

The counselor can assess the client's cultural identity by first administering the SAWV or the SAWV II (Ibrahim, 1992d; Ibrahim & Kahn, 1984, 1987). This will provide basic information on how clients view the world in terms of their values, beliefs, and assumptions. The information provided will yield a primary worldview and a secondary worldview (Ibrahim & Owen, 1994). The four possible worldviews that can be provided by using the SAWV or the SAWV II are Optimistic, Traditional, Here and Now, and Pessimistic. After deriving the worldview, the counselor or therapist needs to administer the Cultural Identity Check List (CICL; Ibrahim, 1990a; see Appendix A). The information gained from the client's own statements on the CICL can be used to explore further the variables listed above to understand the client's cultural and gender identity and cultural context. This information helps clarify client values, assumptions within the context of their lives, and the history of their cultural groups.

After clarifying the client's cultural identity, the counselor can work toward developing a relationship with the client in which both parties feel that they understand each other enough to develop trust. Open sharing of similarities and differences in worldview between the counselor and client needs to take place, on the premise that in transcultural encounters the issues of trust and relationship development become very complicated (Beutler & Bergan, 1991). This sharing will enhance the client's trust. Furthermore, it will help the client understand the counselor as a person and increase the client's self-knowledge, a critically important goal in therapeutic encounters. Eventually, this knowledge can lead to the development of a shared worldview (a composite of the counselor's and the client's overlapping belief systems). This shared worldview, according to Torrey (1986), is the basis of highly effective therapeutic relationships in cross-cultural and within-culture encounters. T. A. Kelly (1990) held that convergence of client–counselor values results in improved feelings or functioning for the client. The second step is to develop process and goals for counseling that would be consistent with the client's beliefs, values, and cultural identity. Finally, the information gained can help the counselor in using culture-specific techniques to create the necessary conditions for therapy. According to Rogers (1957), this will lead to positive outcomes in counseling and psychotherapy.

APPLICATIONS IN COUNSELING AND PSYCHOTHERAPY

Transcultural counseling and psychotherapy can be plagued with greater difficulties. These include identifying the client's problem or issues, communicating successfully with the client because of different structures of reasoning and logics, and developing viable outcome goals. Existential worldview theory can help clarify the basic human concerns people confront, regardless of culture, at some time in their lives. Furthermore, using the SAWV and the CICL (Ibrahim, 1990a, 1990b) will help counselors clearly identify what issues the client is specifically confronting and what these mean. The theory and the instrument can help in the following domains.

INITIAL CLIENT ASSESSMENT

The SAWV can be used in counseling and psychotherapy to conduct the initial client assessment (Ibrahim, 1984b; Lonner & Ibrahim, 1996). The use of these instruments helps in clarifying the beliefs, values, assumptions, and cultural identity of the client by making them tangible and explicit. The information provides a reasonable starting point in a culturally diverse world, because there are few assessment measures that can help in clarifying cultural identity and worldview, and it is an ethical approach in a culturally pluralistic world (Ibrahim, 1991; Ibrahim et al., 1994).

The assessments provide information regarding how well the client "fits" or does not fit the values, beliefs, and assumptions of his or her primary group. It also assists in developing an understanding of how the worldview of the larger society is assimilated by the client, thus providing a measure of acculturation (Ibrahim, 1991; Ibrahim et al., 1994; Lonner & Ibrahim, 1996). Worldview assessment also assists in clarifying whether the client defines the self objectively or subjectively. The communal perspectives that emerge in lineal–hierarchical and collateral–mutual social relationships signify a perception of the self as a subject in a relational context. The individualistic perspective on social relationships exemplifies the self as an object, standing at the horizon of the world, ready to make things happen, or choosing otherwise.

DIAGNOSIS

Identifying the client's worldview and cultural identity also helps in the diagnosis of the therapeutic problem (Lonner & Ibrahim, 1996). Diagnosis is an extremely complex process in most therapeutic encounters, and with the multiplicity of factors to be considered in transcultural encounters, it becomes extremely difficult. Lonner and Ibrahim recommended a three-step process to arrive at an accurate diagnosis: (a) understanding worldview; (b) identifying the client's true "norm" group by evaluating the assumptions and cultural outlook of the client and the cultural group or groups he or she comes from and identifies with; and (c) using a combination of approaches to clarify the "problem," (clinical judgments, standardized and nonstandardized assessments are required to arrive at an accurate diagnosis). The key variables again are worldview and cultural identity, which, if understood accurately, can simplify the diagnostic process and increase the probability of a culturally appropriate intervention.

IMPLICATIONS FOR PROCESS AND OUTCOME

Success in counseling is highly dependent on the process the client experiences. To establish an effective process, one must acknowledge that counseling is a process of interpersonal influence (Strong, 1968). Strong contended that the client's acceptance of the counselor's influence depends on the client's perception of the counselor as an expert, trustworthy, and compatible. Research in counseling and psychotherapy supports this contention (Atkinson & Carskaddon, 1975; Barak & La Crosse, 1975; Merluzzi, Merluzzi, & Kaul, 1977; Schmidt & Strong, 1971).

Torrey (1986) supported the view that the client has to experience the counselor as someone who understands and will be effective in helping to provide relief. Basic to this process of interpersonal influence is a shared worldview (Ibrahim, 1984b, 1985a, 1991, 1993; Ibrahim & Schroeder, 1990, Torrey, 1986). The most critical task facing the counselor in transcultural encounters is the establishment of a shared worldview or a common culture with the client (Ibrahim & Schroeder, 1990). This can be accomplished by using the SAWV to discuss the client's beliefs, values, assumptions, cultural identity, and ways of problem solving and decision making. During this process, counselors may share their personal beliefs, values, assumptions, wherever they overlap with the client's, in an attempt to create a common cultural world to enhance communication, the relationship, and the therapeutic process (Ibrahim & Schroeder, 1990). The goal here is not to minimize or overlook the differences. The process makes the differences explicit and clarifies the outcomes and solutions that may be meaningful for the counselor but antithetical for the client. This discussion gives the client permission to identify and articulate his or her personal perspectives and to find solutions within it. This process will positively influence the outcomes in counseling.

USING SAWV PROFILES IN COUNSELING AND THERAPY

The SAWV and SAWV II (Ibrahim, 1992d; Ibrahim & Kahn, 1984, 1987; Ibrahim & Owen, 1994) provide four worldview profiles that can not only help the counselor or therapist in understanding the client's worldview, but also provide information that helps in outlining the appropriate process in therapy and to establish appropriate goals in therapy. As suggested earlier, the profiles must be placed within the context of the client's cultural and gender identity to select the appropriate process and goals. Each individual will have a primary set of beliefs and values and a secondary set of assumptions. If the primary set of values do not help in decision making and problem solving, the client will use the secondary set of values to solve the problem. The existential worldview theory posits, following C. Kluckhohn's (1951, 1956) suggestions, that each client will have a primary worldview, which they will use to solve their problems and deal with life, and a secondary worldview, which they will use to deal with issues they could not resolve with their primary set of assumptions. The outcome for any given individual can be any combination of the four worldviews.

The four possible worldviews that can be derived from the SAWV are Optimistic, Traditional, Here and Now, and Pessimistic (Ibrahim & Owen, 1994). These are discussed below with implications for counseling and therapy process and goals.

OPTIMISTIC

This worldview was originally named Human Nature/Ecological (Ibrahim, 1993; Ibrahim & Owen, 1994). This worldview sees human nature as basically good. A person's apprehension of the world and perceptions of others form the person's worldview and influence his or her relationship with others (Binswanger, 1962, 1963; Ibrahim, 1984a, 1985a; Ibrahim, Ohnishi, & Sandhu, 1997). An understanding of how the self and others are perceived also provides insights regarding the degree of alienation that an individual is experiencing from self and others. There are four items from the Activity domain: two from the Being-in-Becoming subscale, one from the Being subscale, and one from the Doing subscale. F. R.

Kluckhohn and Strodtbeck (1961) defined the range of activity to vary from Being (a preference for spontaneous expression of the self) to Being-in-Becoming (an emphasis on activities that have as a goal the development of all aspects of the self, as an integrated being, including the spiritual dimension) to Doing (a preference for activities that result in measurable accomplishments by external standards). This category addresses the idea of people's search for meaning in their lives (Frankl, 1978). According to Frankl, midlife crisis is a crisis of meaning. Yalom (1980) contended that because most clients are suffering from a lack of meaning in their lives, the counselor must catalyze the client's will to act. Existential philosophy has traditionally addressed the issue of meaning of life, within the context of the finiteness of life (Ibrahim, 1984a; Sartre, 1953).

The last three items were from the Nature dimension: two from the Harmony With Nature subscale and one from the Power of Nature subscale. Kluckhohn and Strodtbeck (1961) noted that the perception of people's relationship to nature varies in every cultural context. Some cultures emphasize living; other cultures recognize the power of nature and the frailty of humans. According to Binswanger (1962, 1963), each person's apprehension of his or her physical world is critical to understanding how the physical world is perceived. When the relation between people and their natural world is ignored, we fall prey to oversimplification. Simply studying the client's physical world is not enough. Kemp (1971) noted that the challenge for counselors is to understand the "meaning" of the environment for the client. Clients with this perspective prefer to live in harmony with the cycles of nature and also acknowledge the power of nature. People with an Optimistic worldview would choose to work with nature rather than go against or disregard the cycles of nature.

Implications for Process and Goals

The communication process that would be most useful and productive with clients with this worldview would be relationship oriented. Because clients with this worldview see human nature as basically good, they will not have difficulty establishing a trusting relationship with the counselor. A relationship orientation would help the client become comfortable with the counselor. Once trust is established, the focus can shift to developing goals. Goals for this client must reflect both inner development (moral/ethical concerns) and success as measured by external standards (community, society, work site, etc.). The client will also value therapeutic interventions that better clarify the role of the self, family, cultural group, and history. An investigation of historical events and how they have influenced the client's life, and specifically the issues presented for resolution, would be appreciated. Clients with this profile will be fairly easy to work with for a counselor or therapist trained in a traditional program that emphasizes mainstream U.S. culture and beliefs. Clients with this profile fit the assumptions of modern counseling and psychotherapy.

TRADITIONAL

This worldview has a representative set of items from Social Relationship subscales. These are Lineal–Hierarchical (two items) and Collateral–Mutual (one item). Time was represented by all three items from the Future dimension and one from the Past subscale. There is one item from the Nature subscale focused on the subjugation and control of nature. Binswanger (1962, 1963) considered social relationships as interpersonal world. Buber (1970) considered relationships as one of the most important aspects of a human existence and defined people as creatures of the in-between that long for a relationship. Fromm (1963) and Yalom (1980) agreed that the greatest concern for people is existential isolation. This is an "unbridgeable gap between oneself and other beings" (Yalom, 1980, p. 355). This isolation is the source of all anxiety and a major psychological task that counselors face (Fromm, 1963).

Time is presented in existential philosophy as a critical variable that addresses the finiteness of human life and the anxiety associated with issues of death and the denial of death (Becker, 1973; Frankl, 1978; Yalom, 1980). Existentialists emphasize that the profound human experiences of life (joy, tragedy, etc.) occur in the dimension of time rather than space (Kemp, 1971). Yalom (1980) noted that a recognition of the finiteness of life generally results in a major shift of perspective and can lead to growth.

The main characteristics of this perspective are that relationships are primarily lineal–hierarchical, implying that lines of authority are clearly defined, power comes from the top, and traditional gender roles are accepted. Lineal–hierarchical implies ordered positional succession within the group, continuity through time, and primacy given to group goals. Collateral–mutual implies that primacy is given to the goals and welfare of lateral extended groups, and the self is enhanced through mutual relationships. There is a strong future orientation, with long-range planning and an emphasis on delayed gratification. There is also support for the traditional perspective that humankind can control and overpower the elements of nature (Ibrahim, 1993).

Implications for Process and Goals

Clients with this worldview require both relationship-oriented and task-oriented approaches. Role boundaries will be important for a client with this worldview. It would be imperative for counselors to focus on developing a genuine, empathic, and warm relationship with the client. However, counselors must recognize that the client has come to them because they are seen as experts. Source credibility is important for clients with this worldview. Furthermore, clients with this worldview value the opinions of the counselor as an expert. The process that would be most beneficial would involve mutual respect and the client's involvement in generating goals and making decisions. Clients with this worldview value long-term goals and accept short-term interim goals. In addition, given the lineal–hierarchical bent, clients will be influenced by traditional, historical assumptions and will value the counselor's or therapist's attention to these assumptions.

The communication process that clients with this worldview value is both task oriented and relationship oriented. They will give respect to authority, because they have sought out the counselor as an "expert" who can help them with their problem. They would prefer a task-oriented approach and would have greater respect for the counselor if the focus is on the problem and the solutions than on the client. The processes they will respond best to are directive and action oriented. To establish a relationship with this client, the counselor must recognize and convey respect for the status and achievements that the client has achieved. The client will value a confrontation of the discrepancies in their presentations, otherwise he or she will lose respect for the counselor.

Long-term goals would be beneficial. These must be influenced by past family history, individual history, and behaviors. The decision-making model again must be directive, because the client values the input of the "expert." Furthermore, there is a preference for action-oriented, task-focused therapeutic approaches. The final decisions must rest with the client. The outcomes that this client will prefer are ones that will emphasize needs of their larger system, family, or group. Too much focus on the client will create discomfort.

PESSIMISTIC

This worldview (originally called Human Nature) perceives human nature as basically bad. Alienation (from self and others) can be a factor in creating a negative self-evaluation and perception of others. An understanding of how a person sees him- or herself and others can be of tremendous value in understanding the quality of the person's life and the meaningfulness of his or her relationships (Ibrahim, 1993). The second main characteristic is that this worldview acknowledges the power of nature and accepts the vulnerability of human beings to this powerful force. This finding among mainstream America is contrary to C. Kluckhohn's (1956) assumptions about mainstream culture. This finding highlights a change in assumptions, specific to the nature dimension. In previous research, mainstream culture viewed nature as something that could be controlled and managed. The relationship orientation is collateral–mutual (one item): that is, do unto others as they do to you. This assumption implies a degree of mutuality in response to positive or negative behavior that may be directed at the person. This individual uses people's attitudes toward him or her to guide his or her thinking and behavior. Given the perception of human nature, one must view this orientation with caution.

Implications for Process and Goals

People with this worldview will pose a challenge to a counselor, primarily in the process domain. Trust development will be significantly difficult with this population. It would be important not to focus too much on relationship issues. Considering the client's low evaluation of human beings, it is critical to focus on the task or the problem presented by the client. This will facilitate trust development. Because clients with this perspective have a slight propensity toward the collateral–mutual orientation, they will need to be respected for their beliefs and will reciprocate with respect for the counselor. The client's feelings of vulnerability will also result from the elements of nature and from their low trust of human nature. Both these premises must be acceptable to the counselor. The understanding that these are important concerns for the client must be communicated. Goal development needs to be a mutual process. This will demand a great deal of flexibility on the part of the counselor who has been trained in traditional counseling and psychotherapy approaches. A problem-focused approach would be the most appropriate.

HERE-AND-NOW PERSPECTIVE

The focus here is on two elements: time and activity. In the time dimension, all three items from the present orientation, and to a lesser extent a past orientation (one item), are emphasized. The main characteristic of this worldview is that the client requires a focus on the presenting problem, which may shift from session to session. There may be no possibility of long-term goals. The client comes to each session with specific concerns that require immediate attention. The counselor must respect the client's urgency. The being orientation is emphasized by this worldview. It demands that the client's needs are in the present and that the spontaneity and the energy for the issue at hand be respected. These perspectives could also be a challenge for a counselor trained and educated in a traditional counseling or psychotherapy programs.

From an existential perspective, the client with primary worldview is influenced by past events, including historical issues (i.e., the client's family, group, and national sociopolitical history). Furthermore, the being dimension would require an inquiry into the client's concerns with issues of being, including the finiteness of life and the meaning of the client's life (Ibrahim, 1993; Sartre, 1953). The client's focus on the here and now to the exclusion of other issues may raise the issue of escaping from the responsibility of confronting basic psychological tasks that are relevant to create psychological balance. This may be another area of inquiry.

Implications for Process and Goals

The communication process needs to focus on the client, with an emphasis on relationship building in the present. The process must be nondirective, with the therapist following the client's lead. The decision-making model must be mutual and must adopt a client focus. The outcomes that the client will seek will be focused on the presenting problem.

A client with this worldview would pose the greatest challenge to a mainstream counselor with a traditional counseling focus (future planning and goals). From a process perspective, counseling this client would be a relatively positive experience for the counselor, because the here-and-now focus would allow both the counselor and the client to stay with the issue at hand. It is highly recommended that goal setting for each session be addressed formally at the beginning of the session.

TRAINING AND EDUCATION MODEL FOR TRANSCULTURAL COUNSELING AND PSYCHOTHERAPY

The need to incorporate transcultural perspectives in counseling and applied psychology is a recent phenomenon (Bales, 1985; D'Andrea, Daniels, & Heck, 1991; Ibrahim, 1991, 1993; Ibrahim et al., 1986; Ponterroto & Casas, 1987). The existential worldview theory with its focus on worldview and cultural identity has significant implications for the training and education of counselors, psychologists, and other applied mental health professionals. A major difference between this approach and other models is that it is anchored in a theoretical model, with assessment tools available to operationalize the model, and it has been tested and been proven to be effective in increasing client-perceived empathy and cross-cultural sensitivity of the therapist (Cunningham-Warburton, 1988; Sadlak & Ibrahim, 1986).

In two studies involving counselor trainees and therapists, the clients reported feeling understood and appropriately responded to by the helpers and reported greater satisfaction in the therapeutic encounter with helpers trained in using the SAWV and cultural information. In addition, research supported the contention that helpers trained in using the existential worldview theory and the SAWV could develop a shared frame of reference with their clients (Cunningham-Warburton, 1988; Sadlak & Ibrahim, 1986). Furthermore, this model incorporates gender differentiation and does not treat clients as representatives of their cultural groups, but emphasizes how variation can occur within cultural groups and the role of gender in the socialization process. The model also considers how gender and cultural identity may interact in the problems that clients face and the resolutions they will require (Furn, 1986, 1988; Furn & Ibrahim, 1987; Ibrahim, 1991).

This model uses a cognitive, affective, and skills approach (Ibrahim & Schroeder, 1989). The three approaches used are not discretely separated but occur as overlapping categories. The training model ensures that the process and goals established to help a client are culturally consistent for the client (Axelson, 1985; Brown & Srebalus, 1988; Corey et al., 1998). The approach ensures that helpers are aware of their assumptions and of the client's worldview. This knowledge simplifies interventions at both the process and the outcome level. The specifics of the training model follow.

AWARENESS AND SENSITIVITY

Before the actual training, a need for the training is created among the participants by heightening their awareness of their cultural self. Furthermore, the cultural pluralism of the world and the relativity of human values are explored. A group-dynamics experiential approach is taken. This is a critically important stage in creating a readiness among the participants to explore themselves and others in the group. The focus of the exploration is on members as cultural entities and on hypothesizing about the experience of people who are culturally different from a society or system. Exercises that help the participants identify their values and the agencies (family, school, church, and society) that may have influenced them are used. During this stage, the SAWV and the CICL are administered. The participants are encouraged to share information with others in the group. The sharing is voluntary.

AFFECTIVE

This component overlaps to a large extent with the Awareness and Sensitivity and the Cognitive stages. Experiential group exercises are used to explore issues of race, gender, culture, socioeconomic level, educational level, age, life stage, lifestyle, and ability or disability status. The goal is to help the participants identify their feelings about their cultural identity, gender, age, and so on. Furthermore, the focus is to develop an understanding of what it means to be different and the many ways that people are similar and different from each other. A major goal at this stage is to help the participants identify feelings about themselves and others in the group. The participants practice empathic responding skills regarding the differences experienced by the group and others in a specific society.

COGNITIVE

This component provides information about the history and theories of cross-cultural counseling. The existential worldview theory, the SAWV, and the CICL are presented. The participants learn to administer the instruments and learn about using the information in counseling and psychotherapy (client engagement, counselor–client matching, diagnosis, process, and goal development). Other theories of cross-cultural counseling with information on counseling specific cultural groups are also explored.

SKILLS

Here the participants are exposed to specific counseling and communication skills that would be useful in transcultural encounters. Furthermore, training tapes that explore cross-cultural counseling issues are used to enhance the participant's ability in transcultural encounters. In the final sessions, the participants identify case vignettes representing different cultures and role play the vignettes. The participants give and receive feedback from each other and the instructor. The model has been tested and is effective as noted earlier. However, further research is needed to identify how the varied information on transcultural training models can be merged to prepare highly effective transcultural counselors.

CONCLUSION

This chapter highlighted the use of existential worldview theory in assessing cultural identity and worldview. The focus is on the use of the theory and its application in initial client assessment, as well as its implications for counseling and for training mental health professionals. The information reviewed focused on initial client assessment, client–counselor matching, using worldview and the underlying theory in counseling to develop therapeutic relationships and to identify appropriate process, and outcomes for the client based on the information gained from the assessments. The worldview profiles from the SAWV were presented with implications for process and outcome in counseling.

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76

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APPENDIX A

CULTURAL IDENTITY CHECK LIST (CICL)

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Name: ______________________ Age: ____ Gender: ____

Race: ____________________ Religion: ____________________

Please answer the following questions in the most direct manner. This checklist is designed to assist in helping you and the counselor understand your cultural identity. Please respond to the questions as you really see yourself, than as others define you. If any of the questions make you uncomfortable, you need not answer them. This information will be held in strictest confidence.

1. What is your ethnic background? Please list ethnicities of both your parents and their parents.
2. Which ethnic group do you think has influenced your values and beliefs the most? Which ethnic group do you identify with personally?
3. In which generation did your family migrate to this country?
4. Was migration a free choice or was it forced?
5. How was your ethnic group received?
6. How has your primary group established itself in this country?
7. What do you know about the sociopolitical history of your primary group in this country?
8. How do you feel about the sociopolitical history of your primary group?
9. What was the socioeconomic status of your family of origin?
10. What is your socioeconomic level?
11. What was the educational level of your father? mother?
12. What is your educational level?
13. Is your family monolingual? If your family is bilingual or trilingual, please list the languages they speak, read, and write.

14. Are you monolingual? ___Yes ___No
If you are bilingual or trilingual, please list the languages you speak, read, and write.

15. Do you actively practice your faith and believe in it?

16. What is your birth order in your family of origin? Oldest, middle, or youngest child (please circle) or are you an only child (please circle: Yes No).

17. What is your sexual preference? How does your family relate to your sexual preference? How does your cultural/ethnic group relate to your sexual preference?

18. Do you have any disabilities?

Please feel free to add other information that you consider relevant to this checklist.

CHAPTER 3

STYLISTIC MODEL FOR TRANSCULTURAL COUNSELING

JOHN MCFADDEN

In a world charged by enormous social changes and by challenges of rapid technological innovations, counselors and other helping professionals are called upon to respond to an array of emotional and psychological needs of clients living in a pluralistic society. The complexities of the modern age often confound persons seeking order or purpose in life. Thus, the realization of wholesome development in individuals toward the attainment of their fullest potential is a fundamental goal of the counseling profession. Helping individuals respond to their social and technological environments is the focus of many professional counselors. The emotional and psychological needs of individuals do not necessarily transcend their cultural, racial, or ethnic identity and environment. In a pluralistic society, such identities are inextricably connected to an individual's perception of self and the surrounding world. Transcultural counselors, therefore, play an important societal role, especially with individuals whose ethnicity or cultural background may differ from their own.

Counselor educators recognize, too, that greater efforts must be made to further improve curricular and instructional methods used to educate those seeking careers as helping professionals. Counseling knowledge and skills must include a global perspective and the recognition of cultural influences that will enable counselors to respond more effectively to a diverse client population. These changes in counseling and counselor training approaches are essential to enhancing counselor effectiveness. Recognition of the efficacy of responding to a continually changing social and cultural environment is necessary for effective counseling. It is essential that transcultural consciousness be maintained among counselors and related professionals to ensure relevance for ethical and efficient service for the public sector.

The stylistic model for transcultural counseling is introduced, therefore, as one approach to improving cultural understanding and contributing to the counseling profession's quest for focus and efficiency in meeting contemporary challenges. The model represents a reflective process, for it epitomizes what we as counselors really are, what we believe, and what we experience. It establishes a basis for cultural transcendency on behalf of transcultural counselors who adopt a belief system or philosophy of political change for the historically oppressed. In transcending differences, a call for basic education and training that represents cultural values in their own right with ethical dimensions is made vis-à-vis transcultural counseling. The final goal of this counseling imperative then is education without frontiers and limitations to yield relevant services for clients.

Breaking away from a historically culture-confined environment allows transcultural counselors to realign themselves toward building a strong sense of community, to know the impact of global dynamics, and to promote a worldview of humanity through counselor–client interaction. Transcultural counselors play a primary role in sharing insight through professional practice. They recognize that cultural introspection and the sociocultural milieu with which they relate and participate supplement their experience with transculturalism. Cultural introspection is paramount in working through the stylistic counseling model.

SCOPE OF THE MODEL

The stylistic counseling model focuses on fundamental elements of effective counseling techniques, specifically on those crucial in meeting the needs of ethnic minority clients—persons who have been historically underrepresented as traditional counseling theories and techniques have been developed. As opposed to techniques that address mainly surface problems of clients, stylistic counseling has greater concern for the deep-rooted core of counseling issues of minority clients. Understanding the client within total perspectives—cultural, historical, psychological, social, scientific, and ideological—is a basic premise that the stylistic counseling approach embraces as a prerequisite to any counseling encounter. The focus is long range and provides for substantive solutions to human problems, rather than solely extinguishing fires of an immediate nature.

Techniques suggested or implied in the stylistic counseling model thus revolve around a central springboard factor, namely, understanding the distinct composition of the client's background. To know the unique origin of racial and ethnic minorities is to assure oneself of the initial step to success in transcultural counseling. The model focuses on the requirement common to all minority counseling: to master a knowledge of and feeling for the culture and history of the client whose life has been marked by separation, disregard, and oppression.

The stylistic counseling model:

- Provides foundation for hierarchical movement—vertically, horizontally, and diagonally
- Is composed of a series of cubical descriptors
- Is universal in its approach as it permeates various segments of society, encompassing all clusters of cultural, ethnic, and racial groups and immigrants
- Proclaims the need to engage minority clients relative to their specific cultural orientation and social perspectives
- Has implications for use across gender, sexuality, disability, and economic categories
- Recognizes multiple dynamics relating to culture that operate between counselor and client

The basic premises of the stylistic model are as follows:

- The counselor should, by means of reading and research, become fully cognizant of the parallels and diversities between minority and nonminority history and culture.

- The counselor should know the following about clients when counseling people of color: the structure of their thinking, the incentives for their aspirations, and the diverse problems they confront.
- The counselor should maximize the use of "I can" and "I will."
- The counselor should build self-images by consistently providing successful cultural and ethnic experiences.
- The counselor should know that the family (biological, adoptive, or extended) is a survival mechanism for clients in the stylistic model.

THE MODEL

The stylistic model allows persons who already have initial training in counseling or those who are receiving training to develop their own mode or style so that they can be effective in helping others who have experienced oppression. It encourages eclecticism as an approach in achieving transculturalism.

Stylistic counseling incorporates within its design a structure that supports prerequisites for effective transcultural counseling. It is a model geared toward the development of a framework for counselors to apply their knowledge and skills in counseling across cultures. Individuals historically excluded from and underrepresented within the social system, frequently known as *minorities,* can be well served by helping professionals using this model.

The model originally emerged out of a need for assistance, training, programming, and outreach on behalf of African Americans in the United States (McFadden, 1983, 1987, 1988a, 1988b). However, stylistic counseling has proved subsequently to be applicable to a number of oppressed groups on an international level regardless of race, ethnicity, gender, disability, geography, sexual orientation, culture, and the like. To effect change through transcultural counseling, this approach holds that counselors should demonstrate knowledge of and sensitivity to the history, psychology, sociology, and ideology of their clients. Failure to gain an in-depth knowledge in these areas would obviously damage the process of interpersonal interaction and communication, for, as

Sue (1981) emphasized, effective counseling can only occur when the counselor and the client are able to appropriately and accurately send and receive both verbal and nonverbal messages.

ANATOMY OF STYLISTIC COUNSELING

The design of stylistic counseling is thematically constructed around three dimensions (see Figure 3.1): cultural–historical, psychosocial, and scientific–ideological. The dimensions, being hierarchical in nature, suggest by their cubical arrangement that transcultural counselors progress through the model in an ascending manner, from cultural–historical to psychosocial to scientific–ideological.

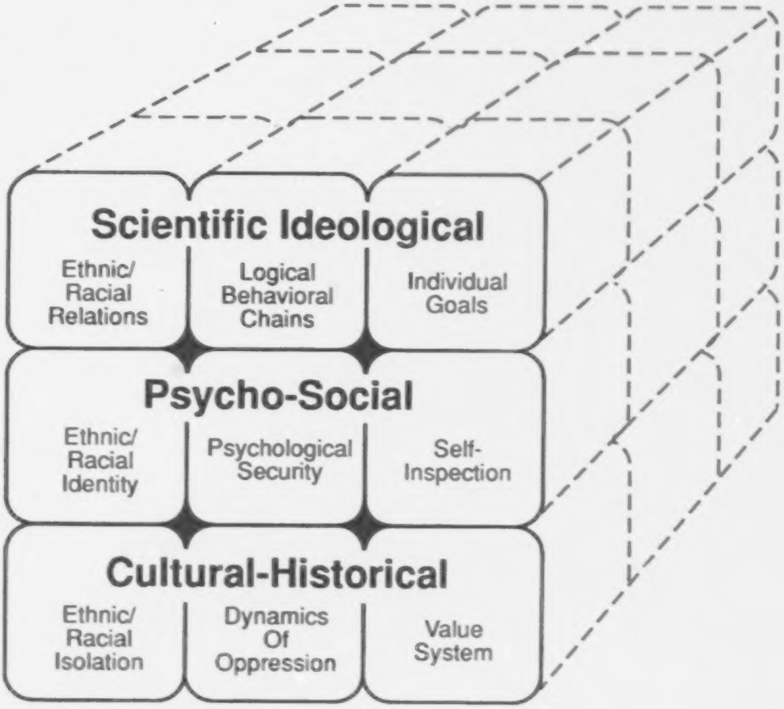
Scientific Ideological
Ethnic/ Racial Relations
Logical Behavioral Chains
Individual Goals
Psycho-Social
Ethnic/ Racial Identity
Psychological Security
Self-Inspection
Cultural-Historical
Ethnic/ Racial Isolation
Dynamics Of Oppression
Value System

FIGURE 3.1 Stylistic Counseling.

The basic and fundamental dimension is cultural–historical, relating specifically to the culture of a people and how their history evolved over time. I assume a theoretical position that one cannot counsel effectively in terms of developing a style or communicating with clients unless one has an intuitive, accurate perspective and identifies with the culture of the particular ethnicity or race one is counseling (i.e., know something about the history and evolution of people, germane to the subject, over a period of time). This dimension as related to transcultural counseling, therefore, focuses primarily on how people themselves relate to their own heritage, how they perceive themselves in a broader social context, and how they envision their cultural norms perpetuating themselves over time in the larger context of a societal framework.

The second dimension, psychosocial, relates specifically to the psychological framework, the formation of a mind-set of how a person's psychic influence affects his or her scope and development, such as in the case of a person's interaction based on how the person sees his of her own cultural heritage. The social component of this dimension relates primarily to the dynamics of interaction between and among people, whether it is within or outside of one's cultural constellation. When we examine ethnic, racial, and cultural aspects of a person's development, we see that there are varying forms of pressure that affect the psychological framework of the individual's identity, and how each begins to interact in terms of social influence or various stimuli. What is it that motivates a person to move toward a relevant sociological group? What causes a person to see himself or herself as strong, moderate, or weak in terms of his or her heritage? What value does a person place on self-help as opposed to dependency? Does a person derive sustaining humanistic confidence from the biological or the extended family? We relate much of this to the person's form of psychological security and sociological competence, his or her ability to converge both the psychic and the social components of development.

The third dimension is scientific–ideological. It refers specifically to an action-oriented aspect of counseling. For example, if a counselor is going to be effective while examining the science and ideology of a people, he or she must have a grasp of how various ethnic, racial, and social groups perform, speak, behave, and interact among themselves as well as with others. Another phase of the scientific–ideological dimension is based primarily on the cultural–historical component, that is, on the roots of one's existence—the origin of how an individual is able to perform in neocultural environs and how that individual is able to find ways of interplaying in relationship with a diverse sociological mentality with other individuals and simultaneously maintain a sense of oneness.

The scientific–ideological dimension of counseling is effective to the extent that it has ascended from the cultural–historical and psychosocial dimensions. The transcultural counselor must have tools to put into a broader context a strategic plan applicable for individuals who need, seek, or aspire to a transcultural counseling relationship. The scientific–ideological dimension of counseling evolves over time. It is geared more toward making things happen—in other words, a developmental process of empowering an individual to function given that there is a support system whereby the client becomes optimally productive.

CUBICAL DESCRIPTORS

Each of the three dimensions (cultural–historical, psychosocial, scientific–ideological) encompasses nine cubical descriptors that are graphically depicted in Figure 3.2 and concisely described below:

1. *Ethnic/Racial Discrimination:* An emphasis on historical and cultural effects of discrimination on ethnic/racial groups. This component is important because one cannot counsel another person transculturally unless one is extremely knowledgeable and sensitive to discrimination the client may have experienced.
2. *Ethnic/Racial Identity:* A study of the psychological and social aspects of ethnic/racial identity of underrepresented persons. This component includes factors that involve the sociological and psychological impact of discrimination affecting the self-concept and identity of ethnic/racial groups. This component is designed to address ingredients essential in the formation of individual identity.
3. *Ethnic/Racial Relations:* An analysis of the science of race relations and ethnic interactions and the ideology of these relations as they influence a particular nationality. This is a cubical descriptor for an action-oriented dimension of the model.

4. *Dynamics of Oppression:* A history of the major aspects of oppression as they affect the formation of various ethnic/ racial cultures.
5. *Psychological Security:* A study of the psychology of the oppressed as it pertains to an internal and external sense of security. The psychosocial dimension of counseling individuals allows them to build their sense of psychological security in relation to coping skills required in managing the dynamics of oppression.
6. *Logic–Behavioral Chains:* An investigation of the scientific logic that undergirds one's thoughts and behaviors. This component allows a client to be directed or helped behaviorally, based on a logical pattern that emerges from a sense of psychological security reflected in the form of survival skills.
7. *Value System:* An exploration of the history of values embraced by a given culture and how these values influence the lives of an ethnic or racial group. The evolution of the value structure and the value orientation of a group of people from infancy to adulthood becomes crucial in this component.
8. *Self-Inspection:* A psychological and social study of an individual's self-concept formation. This entails the definition of self-concept and its development toward a mentality of how one feels or perceives oneself.
9. *Individual Goals:* A scientific exploration of the identification of goals of historically underrepresented ethnic/racial groups and their aspirations toward the development of a clear ideology for goal attainment.
10. *Family Patterns:* An examination of the various family patterns to which particular ethnic/racial persons belong. The family patterns are based on the history of the oppressed groups.
11. *Personality Formation:* Identification of the ways personalities are formed among ethnic groups and races—how they develop varying personalities to build a system of survival.
12. *Meaningful Alternatives:* Selection of a variety of situations and alternatives that govern efficient and productive lives; scientific examination of choices for effective decision making and successful career development.

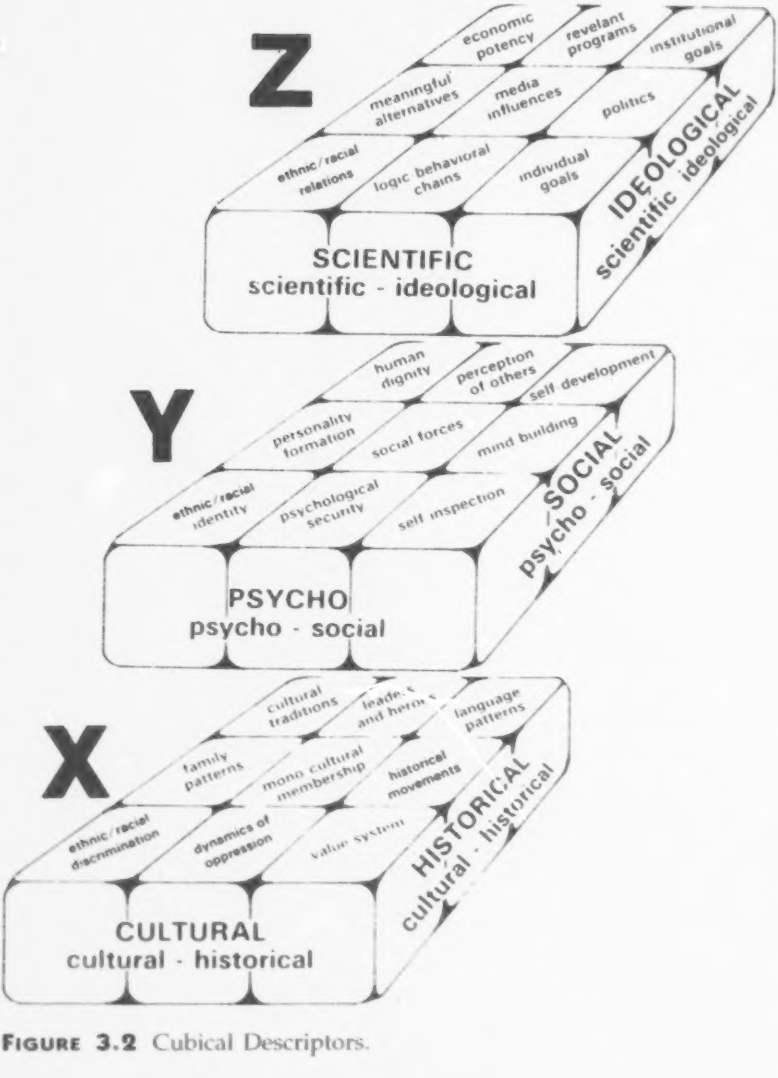
Z
economic potency
revelant programs
institutional goals
meaningful alternatives
media influences
politics
ethnic/racial relations
logic behavioral chains
individual goals
IDEOLOGICAL
scientific - ideological
SCIENTIFIC
scientific - ideological
Y
human dignity
perception of others
self development
personality formation
social forces
mind building
ethnic/racial identity
psychological security
self inspection
SOCIAL
psycho - social
PSYCHO
psycho - social
X
cultural traditions
leaders and heroes
language patterns
family patterns
mono cultural membership
historical movements
ethnic/racial discrimination
dynamics of oppression
value system
HISTORICAL
cultural - historical
CULTURAL
cultural - historical

FIGURE 3.2 Cubical Descriptors.

13. *Monocultural Membership:* A description of the advantages and limitations of monocultural membership. The advantages of belonging to a particular cultural group and ways to optimize this fundamental membership are assessed.

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14. *Social Forces:* A discussion of social forces that affect the lives of persons outside the mainstream of society, such as unemployment, underemployment, alcoholism, substance abuse, and homelessness.
15. *Media Influences:* An examination of the positive and negative ways by which the media influence ethnic/racial perceptions in society, as well as the controlling force of print and audiovisual media.
16. *Historical Movements:* An indication of the impact of certain historical and legislative movements and the alteration of government and community programs as related to ethnic/racial groups.
17. *Mind Building:* Conditioning of one's mental capacity to become productive and useful to oneself and others through transcultural methods.
18. *Politics:* An indication of the influences of ethnic/racial groups in politics; the variation in ways that politics embraces and establishes parameters within which the public is expected to function.
19. *Cultural Traditions:* A reflection of the culture that, by virtue of its beginning and tradition, manages to be transferred from one generation to another; how cultural traditions develop to affect others through continuity.
20. *Human Dignity:* Maintenance of identity so that individuals can have feelings of self-satisfaction, self-enhancement, empowerment, dignity, and ethnic or cultural pride.
21. *Economic Potency:* Ability of ethnic/racial groups to unify and solidify their power (i.e., influence, ability, and impact on the economics of a particular system).
22. *Leaders and Heroes:* Individuals who, by virtue of their function in society, have attained a level of respect as leaders or heroes. They serve as mentors and role models for ethnic/racial groups.
23. *Perception of Others:* Ideas and visions of people based on certain experiences that may have emerged as a result of interaction within a societal context toward a level of transcendency.
24. *Relevant Programs:* Formation of a programmatic thrust within a particular group. Such programs are perceived to have true

meaning and significance as they bond with values that ethnicities and races may hold to be special.

25. *Language Patterns:* The development of languages and linguistic orientation that prove themselves to be optimally communicative between or among individuals, allowing for and respecting dialects and language differences.
26. *Self-Development:* The enhancement or improvement of oneself so that one can provide for oneself and others within an ethnic/racial context. It is self-improvement aimed at reaching a level of productivity or orientation for accomplishment.
27. *Institutional Goals:* Aspirations of an institution, organization, community, or society that may have some utility to an ethnic/racial group. These goals are geared to serve a large group of people and can be linked to a cultural or sociological context that could have significance.

To understand the model, one should observe a correlation among the three primary dimensions and the various cubical cells within each group. Within the cultural–historical dimension, it is critical for transcultural counselors to understand the covert and overt forms of discrimination historically practiced toward ethnic and racial minority people and the oppression to which these individuals have been systematically subjected. Combining such awareness with ethnic/racial identity under the psychosocial dimension, transcultural counselors possess basic knowledge of how, why, and when clients feel the need to become integrally and ethnically/racially identified with their own cultural group. This identity is based on what counselors, having inflicted or having been victimized by discrimination throughout their lives, perceive and believe.

In applying the stylistic model to transcultural counseling, there are sociocultural and political implications for helping professionals. The following initiatives are recommended particularly for the counselors in pursuit of this model:

- Sponsoring through local institution cultural centers or think tanks to provide a forum for learning, research, and social debate
- Promoting understanding across cultures to advance the concept of a citizen's world in developing young minds

- Researching distinctions and similarities between a *nation* and a *culture*
- Interrelating research and development programs and their cultural action dimension in education and training
- Providing diversity training and transcultural awareness for local leaders
- Stimulating intercultural mobility for the expansion of human capital within the community

Although ingredients for effective counseling, such as empathy, trust, and openness, are essential in stylistic counseling, transcultural counselors are perceptive enough to recognize that mere possession of these qualities does not ensure the elimination of historically ingrained barriers between counselors and clients.

The following principles capture primary themes that sustain stylistic counseling as a model for effecting change through transculturalism. They provide the basis for rendering evidence through counseling encounters that transcend cultural differences as a basic mode toward the implementation of transcultural counseling. Standards for successful counseling practice are as functional and useful as the individuals trained and experienced in applying these standards. To this extent, the principles of stylistic counseling are advocated as fundamental guidelines to understanding the proposed model in meeting the challenges of transcultural counseling.

PRINCIPLES OF STYLISTIC COUNSELING

1. Stylistic counseling proposes a model for formulating an individual counseling program compatible with the counselor's orientation and conducive to effectively meeting the needs of clients.
2. Stylistic counseling suggests that cubical descriptors of a person's behavior are hierarchical in nature.
3. Stylistic counseling is an approach to helping others that integrates the cultural–historical, psychosocial, and scientific–ideological dimensions of human behavior.

4. Stylistic counseling advocates the establishment of a cultural–historical base as the foundation for effective helping relationships.
5. Stylistic counseling states that one's psychosocial experiences are inherent factors that affect one's perception of self and others.
6. Stylistic counseling encourages implementation of an active dimension to the helping professions through clear articulation at the scientific–ideological level.
7. Stylistic counseling requires that the counselor develop a genuine concern and commitment to the client's best interest regardless of cultural differences.
8. Stylistic counseling requires that the counselor develop an ability to open and maintain effective cross-cultural channels of communication.
9. Stylistic counseling requires that the counselor develop the attitude that each client in a counseling situation has a cultural experience unique to the client.
10. Stylistic counseling requires that the counselor develop an active awareness of his or her own attitudes and feelings toward minority individuals and groups.
11. Stylistic counseling requires that the counselor's role become that of an agent and helper within the scope of the client's frame of reference.
12. Stylistic counseling requires that the problem be redefined with emphasis placed on societal responsibility for human dignity and enhancement.

CASE STUDIES

Several counseling situations have been developed to challenge readers to apply their understanding of the stylistic model to a variety of problems that confront clients. Issues related to race, culture, nationality, and gender are introduced, thus offering a spectrum of questions for resolution. I recommend, if the opportunity permits, that each counselor participate in extensive dialogue with a small group of colleagues to generate broad knowledge about the situations that are of interest to him or her but also pertinent to transcultural counseling.

SITUATION 1: MARKETING AND COUNSELING FOR WHOM?

Michael Tirada, age 22, was the fourth of eight children born to a Panamanian immigrant family. Very early in life, Michael discovered that both of his parents, now fairly old and never having spoken English, were alcoholics. Despite limited childhood love, care, and attention, Michael appears to be a fine young man, attractive, active, intelligent, and admirable at what he does as a manager of marketing for a local grocery store. He describes the life of his parents as simply appalling and dismal.

Michael's personality and career began to gather momentum over time. He sought interpersonal relationships outside the family and tended to attract friends who mirrored his accomplishments and lifestyle. After joining a local group-counseling session, Michael began to use these same interpersonal dynamics in trying to control others in order that they may reflect a positive image of his definition of success to him. Initially, he was worried that the group would ask him to leave when they began to see his self-centeredness. Instead, the group was able to help him become aware of his dysfunctional family background, which needed mending. The group encouraged Michael to explore the source of his dysfunctional family background. In fact, the group enjoyed the person who was not always pretending and saw this aspect of Michael's personality as more relaxed, fun-loving, vulnerable, and appealing to know.

Questions

1. How would you as a transcultural counselor facilitate the process and momentum of this growth group?
2. List 10 do's and 10 don'ts in working with Michael and this group, using the stylistic model as a frame of reference.
3. What are some approaches a transcultural counselor could use in providing support for this dysfunctional family?
4. Indicate local agencies that might serve as a referral source for Michael if he wishes to pursue a career change. Document through the stylistic counseling model.

SITUATION 2: CORPORATE INTERVENTION OF THE DIFFERENT

Peter Malimba, an African scholar residing in the United States with his German wife and their three children—Batu, 11, Genemie, 9, and Ursala, 5—is an aspiring executive in a plastic engineering company. Peter has been alleged to have problems with his supervisor, who decided to contact an interventionist and requested that Peter seek counseling. The vice president of the company indicated that Peter has had substance abuse problems. Although Peter's family knew that he enjoyed casual drinking on some occasions, they never saw him intoxicated, nor was the supervisor sure that Peter had a serious problem related to substance abuse. The supervisor could not identify any specific behaviors that impaired job performance. Despite almost nonexistent evidence and perhaps undocumented generalizations, the company chose to proceed with intervention and counseling for Peter. The result was disastrous. Peter, who knew he did not suffer from a substance abuse problem, quickly identified the move as sabotage by his colleagues who desired to see him removed because he was different. Needless to say, Peter was justified in proceeding with a protest against the intervention without a proper background assessment being conducted.

This vignette illustrates the pivotal importance of an accurate assessment of the person's background by a relevant professional before proceeding with any intervention.

Questions

1. Describe generally some cultural–historical, work-oriented values unique to Peter.
2. How might the fact that Peter and his wife have an intercultural marriage affect the psychosocial dynamics of Peter's functioning at the plastic engineering company?
3. What approach would you as the employee counselor at the plastic engineering company use in helping Peter?
4. Trace insights and behaviors influencing the outcome of this case through several cubical columns of the stylistic model.

SITUATION 3: CULTURE OUTSIDE THE MAINSTREAM

Tonka Klugan is a member of one of the small groups of Native Americans in the western part of the United States. Because of the rapid changes that have inundated Tonka's people and the profound and substantive effects these changes have wrought on the fabric of his society, the odds of Tonka's committing suicide before his 25th birthday are higher than average.

Tonka's birthplace in a small reservation in the Southwest consists mainly of volcanic rocks, shrubs, cacti, and trees. Life is rather mundane in this warm climate. There are very few known natural resources. In response to this dearth of resources, however, Tonka's people developed a culture that was materialistically simple, eminently ecological, and in harmony with its environment. Their main source of protein was animal meat from hunting. They cultivated maize, or corn, which provided their staple diet.

In contrast to their simple material life, Tonka's people developed an intricate system of social relationships suited for living in an otherwise inhospitable environment, with dry, hot summers and cold winters, surrounding a small, neglected rural community. This system was based on an extended family concept and depended largely on a feeling of oneness with others and a sense of cooperation on the part of each family member. Everything belonged to the family in common and was doled out to members of the family by the elected elder or, for matters involving more than one family, by a council of elders. Each person's labor contributed to the welfare of the entire family, not to the accumulation of wealth by an individual or a family.

Disputes were settled within the family. Punishment was normally given in the form of restitution. There was no need for police, courts, or prisons. Children were considered a gift from a higher power and loved by the entire extended family and the whole community. If both parents passed away, children would be welcomed into the home of relatives or even neighbors who would love them and care for them as if they were their own. Obviously, there was no need for orphanages, social workers, or social welfare. Theirs was a hierarchical society with orders flowing downward from the elders to the young while respect flowed upward toward the old and the wise. Older children took on the task of educating and socializing the younger children, and each took on more responsibility as his or her abilities matured. It was a culture that respected age, wisdom, and obedience. Individuality was not encouraged; the welfare of the group was paramount.

Then entered the White man, with his ideals of Christianity, style of clothing, and numerous other lifestyles. This Indian group fell under immense outside pressure, resulting in heretofore unheard-of social problems. Unfortunately, this is not a problem unique to Tonka's people. Other minorities in mainstream America find themselves confronted with similar dilemmas, perhaps differing only in degree rather than in kind. Faced with a majority culture that has been historically intolerant of divergent ethnic group values, America's minority groups have had to wage a constant struggle to obtain a fair share of the bounty the country has to offer. Over the years, we have seen American minorities adopt two conflicting attitudes toward a resolution of this problem: assimilation and separation, neither of which has proven to be a satisfactory strategy.

Questions

1. Describe fundamental issues that may be paramount with Tonka and his family on the scientific–ideological dimension of stylistic counseling as they explore problems to be resolved with the help of a transcultural counselor.
2. What are the psychosocial implications for Tonka within the context of his family as he engages in counseling interviews?
3. Discuss ways by which a counselor may ascertain in-depth knowledge of Tonka and his heritage in order to enhance his or her transcultural encounter with this cultural group.
4. What critical role might a transcultural counselor play in this case?

SITUATION 4: YOUNG AT UTOPIA

Nicholas Young is a freshman at Utopia University and is experiencing academic difficulty in four of his six courses. Nicholas does not socialize with either Black or White students at Utopia. He lives off campus with his maternal grandmother in the inner city in a housing development area of the city of Utopia.

Nicholas's mother and father died in an auto accident when he was 12 years old. He has lived with his grandmother since then. Nicholas's grandmother works two jobs because she wants him to graduate from college. He works 30 hours per week at the local service station to help with his college expenses. His parents were hard workers, but neither attended college and their savings were meager. The family work ethic has always been strong.

Nicholas's parents wanted him to graduate from college. His grandmother believes college is the key to a bright future. Nicholas is extremely loyal to his grandmother and the memory of his parents. He fears that he will fail in college, and that this would be a disappointment to his grandmother, to himself, and to the memory of his parents. Nicholas decided to seek assistance from the counseling center and is assigned to a counselor who is a 53-year-old White male. Nicholas is somewhat hesitant about meeting Dr. Phillips, the counselor, but decides that he needs to try to get some help.

When using the stylistic model to intervene in Nicholas's crisis, Dr. Phillips needs initially to become familiar with aspects of Nicholas's cultural–historical development. This information will allow the counselor to see where Nicholas came from, what his racial/ethnic identity is, and how this identity may influence his interactions with other students and faculty. Because of Nicholas's limited exposure outside of his community and to persons other than his grandmother, he may not feel self-assured enough to reach out to other students or to family for support. Because he returns to the same environment each day after class, he may not have the time or opportunity to develop the social skills that would enhance his adjustment in the university setting. Yet, his love for his grandmother and his desire to go to college for his parents' sake may continue to force him into a strange environment regardless of his apprehension and discomfort.

If Dr. Phillips can effectively extract essential information from Nicholas, he may be able to help Nicholas enhance his self-esteem and adjustment. Directing Nicholas toward financial assistance would decrease his hours of working. Additional hours would allow for more study time, perhaps with a tutor. This approach could increase Nicholas's involvement in the campus environment. And, perhaps, feeling some success with academic work would free Nicholas to begin to expand his social skills.

Questions

1. What stylistic knowledge and skills would Dr. Phillips have to demonstrate in working with Nicholas to be considered a transcultural counselor?
2. With which cubical descriptors does financial assistance correlate? How?

3. Discuss the loss of Nicholas's parents in relation to family patterns, personality formation, and meaningful alternative.
4. If you were a colleague of Dr. Phillips at Utopia University, what form of encouragement could you provide for the transcultural counselor?

SITUATION 5: NO PROSECUTION BY MR. YANG

A Chinese doctoral student, Mr. Lee Yang, was struck on the head and seriously injured on his way back to his apartment on campus at the beginning of the spring semester. He remained in the hospital for 1 month, spending approximately $1,200 of his own money in medical care fees. Since his release from the hospital, he has frequent headaches and experiences a great deal of dizziness. Nobody claims that he is responsible for this physical condition. Lee does not want to prosecute his attacker, but he has become depressed emotionally and is inactive in pursuing legal alternatives. Many people aware of his situation have asked why he chose not to prosecute to receive some type of compensation. Though Lee does not consult anyone, you, as a transcultural counselor, should be prepared to analyze this case. Why did he keep silent?

Questions

1. What are the legal and ethical implications for the transcultural counselor?
2. How might stylistic counseling be applied to Lee Yang's case?
3. How can a transcultural counselor use the stylistic counseling model in identifying referral sources for him?
4. What are the limitation of working with Lee solely on the scientific–ideological dimension?

SITUATION 6: THE PRICE OF A HIGHER EDUCATION

Ida Atanes, an African American female, is a freshman at the University of the State. She is extremely bright and is doing very well in her classes. Before college, she never had been out of Miami, Florida. Now, Ida is exposed to a different culture; she is challenged to think and speak openly about concerns as well as to interact with fellow students. She has hopes of becoming a lawyer. Ida's grandmother feels that she should forget about school and return home to help out. Ida comes seeking counseling.

Begin by exploring the cultural–historical dimension and the values cubical descriptor: Ida needs to explore her values, those developed at an early age and the new outlook and values she now has adopted. Are they congruent? How are these new values incorporated? How have her values molded her? Much has to be explored in this area—Ida needs to explore how her culture affects her goals.

Now explore the psychosocial dimension and the self-exploration cubical descriptor: Ida, with assistance from the counselor, must now explore herself and who she is. This stage is crucial because she must feel secure with herself before she can make decisions concerning her dilemma. Is she comfortable with herself? Does she trust herself to make meaningful choices?

Finally, explore the scientific–ideological dimension and the individual goals cubical descriptor: Ida must establish goals for herself. In this case, it may be difficult to disengage from her grandmother, setting significant goals for herself. Her first goal could be to finish a semester and agree to visit home one weekend per month to help out. Her advisor also helped her to obtain a part-time job at a law office (answering the telephone, filing, etc.) to make extra money. Ida is hoping to convince her grandmother to allow her to remain in college. If her grandmother objects, Ida feels secure enough with herself to continue her education.

This approach allowed Ida to lay the foundation upon which to build her goals. The stylistic counseling model could be effective in that it allows the client to explore areas that are of concern but have also aided in her development to appreciate her culture and values and to understand the impact of these areas of her life.

Questions

1. Develop your approach as a transcultural counselor to help Ida enhance her academic performance and cultural orientation at the university.
2. Identify experiences you have had that enhance your understanding of Ida's dilemma.
3. Cite cubical columns in the stylistic counseling model that relate most to Ida's being female and African American.
4. What actions could you implement in pursuing family counseling on behalf of Ida?

SITUATION 7: SHOULD RON JUSTICE BE GRANTED PROMOTION?

Ron Justice, a Black male, was denied a promotion at his job of 10 years. David Johnson, a young White male, was given the promotion after being at the company for only 2 years. Ron perceives the incident as being racist, and he is very angry, resentful, and frustrated. He knows that he has been on the job longer and has more experience, but David has more education.

First, the employee counselor handling this case examines the cultural–historical level, beginning with oppression. Ron's experience, like that of other Blacks, has been with oppression. The counselor wants to acknowledge this and help Ron move from the cultural–historical level to the psychosocial one of understanding his being in more depth, his psychological identity, and how to concentrate on his own feelings. The counselor wishes to help Ron feel better about himself and to advise him of ways of building an inner strength to cope with similar incidents in the future. A subsequent step is to examine the logical behavior change on the scientific–ideological dimension, where he decides to re-enroll in school and further his education in order that in his present job, or a future job, he will be able to use his experience and expand his education for a position at a more satisfying level. He could feel better about himself as he achieves his personal goals and works within the system.

Questions

1. As Ron seeks insight into his case, on which dimension should the employee counselor concentrate: cultural–historical, psychosocial, or scientific–ideological?
2. In applying the stylistic counseling model to this case, would you involve David? If so, how?
3. Describe the interrelationship between politics and transcultural counseling with the stylistic counseling model as a frame of reference.
4. What specific steps would you recommend that the employee counselor follow in moving Ron from an affective mode to one of action?

SITUATION 8: CARLOS LOPEZ TRIES TO FIT IN

Carlos Lopez, a Hispanic male, is starting a new job at a predominantly White company. Despite his efforts to fit in and be liked by his coworkers, he is unsuccessful. He seeks counseling after experiencing feelings of inadequacy. The counselor begins at an early stage by examining the cultural–historical dimension, specifically the cubical descriptor of ethnic discrimination. It is important to understand the history as well as the social and economic factors that may be playing a role in Carlos' problems. Ethnic discrimination leads to ethnic identity at the psychosocial level. Helping Carlos decide who he is enhances positive ethnic relations, which interfaces at the scientific–ideological level. Another dimension is dynamics of oppression at the cultural–historical level. This may or may not have an effect on Carlos' psychological security at the psychosocial level. Security leads to logic–behavior chains at the scientific–ideological level for Carlos.

Carlos finds it necessary to separate his cultural values from those of his White coworkers as he strives for an opportunity to fit in at the company. Carlos has to decide who he is and what he really wants.

Questions

1. How can you as a transcultural counselor help Carlos?
2. Identify three cubical columns from the stylistic counseling model and discuss their application to Carlos.
3. What probable dilemmas might Carlos encounter as he seeks to fit in?
4. Describe the social, political, and economic assets Carlos might bring to the company from his cultural background.

CONCLUSION

Two decades later, the stylistic counseling model continues to be on the cutting edge of insight and innovation for counseling across cultures. The birth of this model, or theory as some suggest, set the tone for establishing awareness (cultural–historical), examining social interactions (psychosocial), and generating a plan of action (scientific–ideological) for transcultural counseling in which social action, political astuteness, and economic potency are realities for survival, each having its unique place in our society. The challenge, therefore, is finding a framework within which one can function effectively through a means such as stylistic counseling.

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CHAPTER 4

TRANSCENDENT COUNSELING: A THEORETICAL APPROACH FOR THE YEAR 2000 AND BEYOND

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The year 1998 marked the 25th anniversary since the conception of *transcendent counseling* (TC; Harper & Stone, 1973, 1974). The major focus of TC has remained relatively constant over these years: using cognitive–behavioral strategies for the purpose of changing the client's lifestyle. As founding theorists, we continue to see TC as an international or universal approach to counseling human beings, regardless of their cultural background, nationality, ethnicity, or gender. Therefore, TC can be said to be an approach that is transcultural, transnational, transethnic, and transgender. It must also be kept in mind that although ethnic names, racial categories, or names of cultural groups within countries may change over time, the perceptions of persons with regard to various socially defined groups remain relatively unchanged. Even more, although the names of countries may change for various social and political reasons, the cultural ways of a people are likely to remain relatively constant. Therefore, TC proposes that although the use of new geographic names or racial/ethnic categories for specific social groups will occur, neither the cultural ways or the lifestyles of most persons within social groups are likely to change nor are name changes likely to affect how individuals within these groups perceive themselves or how they will be perceived by others.

The main principle of TC remains unchanged in that the behaviors of a social or cultural group in a given environment or country will remain relatively constant, unless individuals of any given group choose to transcend a way of life or, in other words, change their lifestyle. Such transcendence can be facilitated by the assistance of a transcendent counselor or psychotherapist who uses the principles and strategies of TC for the purpose of bringing about lifestyle modification.

Transcendent counseling maintains that it is the person's lifestyle or way of life that influences and maintains a behavior or pattern of behaviors. On the one hand, one's lifestyle can be typified by behaviors that are ineffective, negative, destructive, or unhappy; on the other hand, a lifestyle can be typified by behaviors that are effective, positive, constructive, and happy.

For example, a lifestyle of frequent meals and/or unhealthy eating habits can lead to behaviors of obesity, low self-esteem, and guilt. Moreover, a lifestyle of frequent, heavy drinking of alcohol can lead one to the disease or condition of alcoholism and its consequences. Only when the alcoholic changes his or her *lifestyle* will that person cease to suffer from the numerous psychophysiological symptoms of alcoholism as a disease, as well as alcoholism's social and economic consequences. Therefore, by using examples of obesity and alcoholism, the goal of TC would be to change the client's lifestyle to assist that person to transcend his or her negative and destructive behaviors or conditions. Although some persons may be genetically predisposed to addiction to alcohol and food, lifestyle change is not beyond their reach; nonetheless, this only suggests that lifestyle change may be more difficult for some clients.

In other words, as human beings, we often adopt a lifestyle over a period of time that results primarily from genetic predisposition, cultural experiences, or the interaction of both. On the basis of this presupposition, the primary goal of TC becomes one of changing the client's lifestyle or way of living.

The purpose of this chapter is to discuss TC with regard to its (a) major assumptions and concepts, (b) goals of counseling, (c) steps and techniques of counseling, (d) applications for counseling, and (e) implications for research.

TEN BASIC ASSUMPTIONS OF TC

In this revised chapter, we have reduced our previous assumptions of TC down to the 10 most basic presuppositions as related to the nature of humankind and the dynamics of the counseling relationship. These 10 basic assumptions follow:

1. Counseling is a learning experience wherein clients learn to change the way they live, the way they see themselves, and the way they see their world.
2. Lasting change in the client's behavior comes with a change in the lifestyle of the client. The lifestyle of the client is mainly influenced by genetic predisposition, life experiences, and the perceptions of experiences. One's culture is one's way of life as it evolves over time, place, experiences, and social class. A person's basic cultural set or orientation is developed during the formative years of youth; however, it continues to evolve with one's cross-cultural and cross-social-class experiences.
3. Cultural differences are often represented by lifestyle differences in terms of a person's daily activities, behavioral patterns, customs, habits, language patterns, and ritualistic ways. These lifestyle activities are influenced by learned thought and, in turn, can serve to reinforce ways of thinking in terms of a person's attitudes, beliefs, values, and perceptions.
4. Although human beings differ across cultures with regard to lifestyle and worldview, we have similar basic needs, drives, emotions, and capacity for thought (Maslow, 1970).
5. As biological and social organisms, we are limited by our inherent human frailty and vulnerability; nevertheless, as human beings, we are capable of self-improvement and transcendence.
6. As human beings, we are relatively fixed in a daily lifestyle. However, we are *capable* of changing that lifestyle toward a direction of self-improvement and ultimate transcendence of a socialized and often ineffective way of living. This assumption is further explained by the seven subordinate "we" assumptions that follow:
   - *WE* tend to do today what we did yesterday, and we likely will do tomorrow what we do today.

- *WE* do what we do until we perceive the need to do differently; a need that is often precipitated by a crisis or insight through cognitive reorganization.
- *WE* do what we do until we acquire the willpower to do what we must do.
- *WE* and only we can change our life; nobody can do it for us, because we and only we are the masters of our own energy, our own vessel of life.
- *WE* must change; otherwise, we will be destined to live our miseries over and over in our minds and in our experiences. If we change, we will discover the fulfillment, happiness, and peace that come with existential choice and action.
- *WE* cannot know what true happiness is until we experience it. We experience happiness by seeking it, and we experience pain by letting it capture us.
- *WE* are nobody until we feel like somebody. Our life remains an empty shell until we fill it with meaningful experiences that are worthy of our memories and our living.

7. Regardless of one's cultural background or ethnic identity, the "good life" can be universally defined as a lifestyle characterized by (a) holistic health, (b) meaningful activity or work, (c) positive self-management of one's energy, and (d) a healthy, respectful, and homeostatic relationship with life and life's spiritual source.
8. Presenting behaviors that come to counseling are often interrelated in a mosaic pattern that has developed over time. The route to changing patterns of behavior is through a sustainable change in one's lifestyle (i.e., one's daily or weekly habits, activities, and orientation). This road to positive change of lifestyle takes time, patience, and consistency and is not free from human frustration and resignation.
9. Behaviors to a great degree are need-driven and mood-driven and even programmed over time as automatic responses. Nevertheless, the human being is capable of self-control (stopping and pacing behavior) and self-initiation (starting and maintaining behavior). This possibility for change comes with new ways of perceiving and relating to one's world from day to day and, thus, new ways of acting and living.

10. Insight, cognitive reorganization, willpower, and action make up the orderly sequence of human change. The most powerful resource of a human being is the capacity to change—to transcend social forces and human imperfections to a higher level of holistic health, self-fulfillment, and human functioning.

GOALS OF COUNSELING

The goals of TC are governed by the nature of the presenting concerns of the client coupled with assessment and diagnostic information acquired during the intake interview with regard to the client's lifestyle. The categories of transcendent goals are the following:

LIFESTYLE CHANGE

As the major goal of TC, lifestyle change involves assessing the client's present lifestyle and subsequently substituting positive or more effective activities or ways of living for negative or destructive ones. The judgment of what is the good or effective lifestyle is based on universal knowledge of health, happiness, and peace. Examples of frequent activities (day to day or week to week) and habits attributable to ineffective and effective lifestyles follow:

Activities of Ineffective Lifestyles	Activities of Effective Lifestyles
Sedentary orientation/living	Physical work; sport/recreation, exercise
High-stress orientation (hurrying, overreacting, excessive talking, limited rest/relaxation)	Low-stress orientation (pacing activities, organizing activities, self-control, thinking, reasoning vs. reacting, sufficient rest)
Poor eating habits	Healthy eating habits
Use or inappropriate use of alcohol and other drugs	Nonuse of tobacco and illicit drugs; appropriate and limited use of other drugs (e.g., alcohol and medicinal drugs)

NEED FULFILLMENT

The goal of need fulfillment refers to satisfying the basic human needs that are common to all human beings regardless of culture, ethnic origin, or gender. These basic needs include physical maintenance and survival, safety and security, affiliation and sense of belonging, love, self-adequacy or esteem, and development of one's common and peculiar potential or talent. In great part, this grouping of needs is based on Maslow's (1970) theory of personality and human motivation. It is our belief that the ease versus the difficulty of fulfilling basic needs by the client is influenced by the client's ethnic, social, political, or religious status within a given culture or environment.

MEANINGFUL WORK OR ACTIVITY

This goal includes a meaningful job or occupation that yields self-fulfillment as well as a useful service or product for other human beings and the enhancement of the world ecology. This goal also includes (a) any meaningful leisure activity for one's own happiness or self-fulfillment, (b) volunteer work as service to the community or the environment, and (c) training, education, travel, or any learning experience for personal growth and development.

HOLISTIC HEALTH

Within the framework of TC, holistic health is defined as a state of physical, psychological, and spiritual health developed primarily from a lifestyle of wellness, disease prevention, and a respect for life and Earth's resources. Transcendent holistic health is further characterized by a sense of peace, well-being, intermittent states of euphoria, meaning, fulfillment, and maximal all-around health. It is a welding together of the mind, body, and the spirit into one synergistic balance characterized by a constant state of well-being of the organism as a whole.

THE TRANSCENDENT BEING OF THE COUNSELOR

The following items represent descriptions of the transcendent counselor's attitudes, beliefs, and role in the counseling relationship:

1. The transcendent counselor pursues the overall goal of helping the client to change his or her lifestyle with relative permanence.
2. The transcendent counselor comes to counseling with a healthy attitude about self, client, and life.
3. The transcendent counselor possesses the same ideals of holistic health and transcendence for himself or herself that are held for the client. In doing so, the transcendent counselor is more qualified to present himself or herself as a positive role model for imitation and inspiration.
4. The transcendent counselor believes that all clients, regardless of culture, ethnicity, social class, or gender, are equally worthy of help, growth, and holistic health to the greatest extent possible. Therefore, the transcendent counselor attempts to understand and help while avoiding bias against and invalid judgment about the client as a member of any socially defined group.
5. The transcendent counselor attempts to understand the client as a unique person and not as a stereotypical cultural image, although cultural understanding may or may not play a part in assisting the counselor to understand and address the client's problems and needs.
6. The transcendent counselor perceives the counseling relationship as an opportunity for professional self-growth in greater cultural and human understanding. Therefore, the counseling relationship becomes an experience from which both the client and the counselor grow.
7. The transcendent counselor serves in the role of an information giver, facilitator, motivator, role model, and group trainer.
8. The transcendent counselor views healthy ethnic identity as approximating or attaining a panethnic view of the world or an acceptance of oneself as a member of a world culture of humankind. The counselor values the positive ways, customs, habits, and achievements of his or her culture of origin and rejects or transcends those that are nonproductive and destructive. The transcendent counselor also encourages clients to evaluate this same type of cultural analysis for themselves and their growth.

9. The transcendent counselor continually avails himself or herself to multicultural educational and experiential opportunities that promote personal and professional growth and understanding.

STEPS OF TRANSCENDENT COUNSELING

The five steps of TC are represented by the acronym APART, and correspond to (a) assessment, (b) prescription, (c) action, (d) review, and (e) transcendence. Also, the acronym symbolizes the term "apart," as with apart from the old self or old lifestyle to a new self-identity and a new way of living.

STEP 1: ASSESSMENT

In this initial step of the counseling relationship, the transcendent counselor establishes rapport with the client and assesses the client's problem or concern. The counselor focuses on the lifestyle and the daily habits of the client. Moreover, the counselor enlists the client to express concerns about things that he or she would like to change or make different.

Along with a focused or structured interview, the counselor might use other assessment instruments or techniques, such as (a) a *dual listing and sorting* of lifestyle activities that would include a listing and prioritizing of daily activities and habits that the client would like to stop or minimize (on the left side of a sheet) as compared with a listing of things the client would like to start or maximize in life (on the opposite side or right side of the sheet) or (b) use of *standardized instruments* or qualitative research techniques for assessing lifestyle or lifestyle activities.

After an assessment of the client's concerns and perceived needs for lifestyle change, the counselor attempts to categorize these concerns and needs into one or more modules. A module represents an area of living. For each module, there are related modalities for lifestyle change. The six modules of transcendent counseling are described later within the chapter.

STEP 2: PRESCRIPTION

After the counselor's assessment of the client's current lifestyle, goals of counseling and a prescription of intervention activities are derived for lifestyle modification. Moreover, the prescription usually results in additional scheduled individual counseling sessions for the primary purpose of information giving as well as facilitating, motivating, and monitoring actions by the client. The prescription may also provide for activities such as homework, training modalities (e.g., relaxation training, meditation, therapeutic touch, and biofeedback), and group activities (e.g., group counseling, role playing, nonverbal exercises, and psychodrama). In prescribing activities for lifestyle modification, the counselor involves the client in the development of the program and its activities and solicits a sense of commitment for action and follow-through.

STEP 3: ACTION

The counseling process and subsequent client change normally involve the orderly stages of exploration, understanding, and action (Egan, 1994; Okun, 1997). However, wherein traditional counseling theories have tended to focus on change of behavior, TC emphasizes the client's change in lifestyle through action. The client's action is based on the prescribed program or activities of Step 2 and involves motivation, support, and necessary information giving from the counselor in order to enhance the client's progress. If appropriate, the counselor attempts to serve as a role model or to expose the client to successful models of lifestyle change. Moreover, the counselor (a) anticipates barriers, pitfalls, and problems of lifestyle change; (b) follows the client's actions and activities closely; and (c) encourages a record of daily and weekly changes in lifestyle activities. Both the client and the counselor keep a complete record of activities and successes.

STEP 4: REVIEW

Step 4 involves an evaluation or review of the client's progress based on the preestablished goals of Step 1. The evaluation is summative as well as ongoing. If there is a lack of sufficient success as related to preestablished criteria of progress, the counselor and client may have to recycle to a previous stage to reassess a chosen and prescribed activity or a goal that was set (Step 2). This recycling and reassessment is for the purpose of accountability and, when appropriate, revising goal statements or modalities and techniques for change.

STEP 5: TRANSCENDENCE

Transcendence is evidenced by a significant change in a specific area or module of the client's life to a point where it is suggested that the change will be maintained and sustained over time. After termination of counseling, follow-up is required to minimize the client's relapse to a previous state of lifestyle.

THE COUNSELING PROCESS: RELATIONSHIP AND TECHNIQUES

Transcendent counseling takes the position that thoughts drive not only behavior but also lifestyle or daily activities. Therefore, the counseling process aims to persuade the client to change ways of thinking and thus ways of livings. The counselor goes about facilitating change in the client's ways of thinking and living by (a) teaching the client to say "I won't" and not "I can't," (b) initially persuading the client to make an expressed commitment to change one significant thing in his or her daily living and intermittently soliciting an expression of recommitment if necessary (the counselor emphasizes incremental changes), (c) motivating the client to act on that expression of commitment, and (d) guiding the client to focus on the two W's—what and when, (e.g., "*What* are you going to do about your life and *when* are you going to do it?").

Clients often state "I can't" when they really should be saying, "I won't." That is, the client is often allowed to use and think "I can't" as an excuse or defense for inaction, when that person really should be saying "I won't change" and not "I can't change" my life. This dichotomy of terminology (*won't* vs. *can't*) further suggests that people often know what they need to do but are not willing to do it. As an example, millions of persons often make New Year's resolutions each year that are broken from the start. As human beings, we often tell ourselves that changing our lives is much too hard and eventually we resign to the cognition of "I can't."

The counselor's aim is to orient the client to think about initiating something new and constructive in his or her daily living and eliminating something that is old and destructive. Constructive habits in life are based on activities that are valued for health, interpersonal effectiveness, existential fulfillment, personal growth and development, achievement based on one's talent and ability, and harmonious living with Earth's life and ecology. While holding important these universal values of the human culture, the counselor also takes into consideration the client's cultural perceptions about what is the good and constructive lifestyle. In working with the client, the counselor maintains a respect for the client as a human being and not a physical image that represents preconceived and predefined attributes of personality, gender, culture, social class, or educational level. Moreover, the counselor believes in the client as a person who is capable of changing his or her way of living and, therefore, holds high expectations for the client's possibilities while maintaining patience and realization that relatively permanent change takes time.

The counselor's rapport and effective helping relationship are facilitated by his or her orientation to continually (a) grow as a person, (b) maintain a state of peace and balance as much as possible, (c) strive toward a healthy self in mind, body, and spirit, and (d) maintain a constant orientation of helping and giving.

The transcendent counselor primarily uses verbal counseling techniques that can be taxonomized into three categories: the supportive techniques; the teaching techniques; and the action-provoking and action-sustaining techniques. Examples and descriptions of these techniques follow:

SUPPORTIVE TECHNIQUES

- *Approval:* verbal reward; also, some type of positive reinforcement for a positive expression of commitment or a positive act completed in one's daily lifestyle.
- *Reassurance:* a verbal expression of comfort or support during a difficult or painful moment in counseling or a difficult period in life.
- *Encouragement:* a verbal expression of support for the client during an ongoing pursuit of a difficult goal or challenge.

TEACHING TECHNIQUES

- *Information giving:* providing basic verbal information to the client about living; also providing any helpful information as related to the client's concerns or lifestyle goals.

- *Modeling:* using various techniques of social modeling and role modeling as learning tools (e.g., bibliotherapy, personal illustration, impersonal illustration, role modeling, and imagery). The purpose is to use positive or successful role models to inspire the client to imitate the behavior of the model, whether the model is real or vicarious. Although not always feasible or appropriate, the counselor considers the use of models that reflect a client's ethnic or cultural image or a client's gender. Again, the purpose is to get the client to change toward improving his or her lifestyle or way of living.
- *Advice giving:* sharing a number of options, courses of action, or solutions for the client's consideration. Moreover, the counselor solicits the client's feedback and opinions, especially as related to that client's perspective from his or her cultural and experiential viewpoint. This exchange becomes a learning experience for the client's decision making rather than a telling experience of a tunnel-vision counselor with limited answers for multicultural concerns.

ACTION-PROVOKING/ACTION-SUSTAINING TECHNIQUES

- *Motivating:* providing verbal motivation as a means of persuading the client to start or stop an activity or habit in life as well as to maintain such activity or habit once started.
- *Confrontation:* confronting the client in a nonthreatening manner, in a case where the client is consistently resistant or in denial, in order to free anxiety that blocks awareness and action. The client will often provide illogical reasons for procrastination or avoiding action that is necessary for growth and change.

MODULES AND MODALITIES OF CHANGE

MODULES OF LIVING

Transcendent counseling theorizes that there are six major areas of living, which we refer to as *modules* of living. These six modules represent rubrics under which the client's problems or concerns may fall and are described as follows:

- *Eating orientation* represents concerns related to proper nutrition, optimal caloric management, and individualized eating patterns as related to one's organismic system and needs. The client's presented concerns may relate to various eating disorders, lack of sufficient economic means for proper nutrition, and moods or psychophysiological reactions as related to the consumption of different foods and various chemicals within foods. Specific eating disorders (e.g., bulimia and anorexia) may also be related to diminished self-concept or distorted perception of the physical self. (See eating disorders in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed.; American Psychiatric Association, 1994.)
- *Exercise versus sedentary living* is related to concerns about a lifestyle of either physical activity or sedentary living. Transcendent counseling values a lifestyle of regular, vigorous exercise versus one of inactivity, the latter of which can result in health problems and mood problems. As an alternative to sedentary living, TC advocates regular, sustained physical efforts such as walking, jogging, swimming, dancing, aerobics, and weight exercises. At least one nonstop, nonspasmodic, or aerobic exercise is recommended in one's life to improve and maintain cardiovascular and respiratory benefits as well as the psychological benefits of relaxation and resistance to stress.
- *Human/ethnic relations* focuses on areas of human living as related to interpersonal effectiveness, human relations, and ethnic relations (including race relations). Problems and concerns of counseling that are represented within this module would include family conflict, job-related interpersonal conflict, romantic-relations conflicts, intergroup conflict (racial, ethnic, age, etc.), and teacher–student conflict.
- *Knowledge of living* represents problems and potential problems in life that are related to a lack of information or a lack of valid and effective knowledge. This knowledge or know-how can include information, attitudes, values, and skills acquired by the client through the counselor, training, reading, and other methods or resources. Knowledge about quality and effective living is for both resolving problems or indecision and maximizing the client's potential and growth.

- *Meaningful and productive work or activity* suggests that the holistically healthy person must have some work in life that is productive or meaningful or both. Lack of such activity creates a void in one's life that can result in a sense of emptiness, lowered self-esteem, and unworthiness. This work or activity should provide fulfillment for the person in some way, a product for or service to society and preparation for a future occupation or endeavor. Examples of productive work or meaningful activity include higher education, occupational training, volunteer work, career work, and an avocation or hobby.
- *Self-regulation* involves an area of human living that affects all human beings, regardless of culture or ethnicity. It relates to the person's ongoing effort to regulate or manage his or her human energy in terms of (a) achieving or maintaining organismic balance, peace, or equilibrium; (b) energizing the self for work or activity; and (c) relaxing or slowing down body energy because of stress or extreme anxiety.

MODALITIES OF COUNSELING

Along with facilitative verbal techniques of interpersonal counseling, modalities are additional methods or adjuncts to counseling. These modalities are treatment–training adjuncts that are used to facilitate lifestyle changes. The examples of modalities discussed within this section are those recommended for given modules or areas of concern in counseling. Nonetheless, the counselor should not limit his or her creativity but should explore other modalities that could be effective in changing the client's lifestyle.

For example, client problems of extreme reactions to stress and wasted time in daily living would fall under the module of self-regulation and would incorporate modalities of stress reduction such as relaxation training or meditation. One or both of these modalities can be incorporated into the client's lifestyle through a formal group (meditation or relaxation group) or through individualized homework between counseling sessions subsequent to the client's learning relaxation or meditation techniques. The counselor may also suggest daily techniques that the client may use in learning new habits of time management to address the problem of wasted time.

The following outline lists the six modules of TC and suggested modalities for each module.

- *Eating orientation:* self-help groups, bibliocounseling, nutrition information groups, biofeedback, and imagery.
- *Exercise versus sedentary living:* activity groups or individualized exercise programs (e.g., walking, jogging, dancing, swimming, aerobic exercises, and biking).
- *Human/ethnic relations:* psychodrama, sociodrama, role playing, rehearsal, bibliocounseling, interpersonal effectiveness training, group counseling, ethnic relations training, academic courses in multicultural education and ethnic studies, and homework assignments for cross-ethnic growth.
- *Knowledge of living:* bibliocounseling, information groups, orientation programs, values orientation groups, effective relationship groups, attitudinal exploration groups, health education workshops, various seminars and groups related to living.
- *Meaningful and productive work/activity:* career information groups, career practicum experiences, volunteer experiences, occupational/avocational training, career planning.
- *Self-regulation:* biofeedback, meditation, relaxation training, therapeutic touch, hypnosis or self-hypnosis, other energy-management training exercises. Note: Therapeutic touch, as a healing adjunct, is being taught in nursing and medical schools. This modality facilitates relaxation and permits increased client involvement in the therapeutic process (Krieger, 1993).

ETHNIC AND CULTURAL IDENTITY

In an increasingly multiethnic or multicultural world, there is a developing concern in counseling for topics of effective ethnic relations and ethnic identity development (Carter & Helms, 1992; Cross, 1980; Pedersen & Carey, 1994; Sandhu & Aspy, 1997; Smith, 1991). Most of the identity models of the authors cited suggest that as the client or counselor moves from accepting his or her own ethnicity of origin to accepting other cultures or ethnicities, then that person moves toward cultural maturity or transculturalism—he or she goes beyond his or her own culture.

Transcendent counseling accounts for problems and concerns of ethnic identity, ethnic identity development, and ethnic relations within its modules of human/ethnic relations and knowledge of living, as described earlier. These two modules provide for cultural and ethnic growth through therapeutic-skills training and information giving.

Figure 4.1, "A Paradigm of Phases of Multiethnic Identity Development," adequately explains the major identity phases that are deemed relevant and applicable to all ethnic groups. For earlier presentations and discussions of this ethnic model of development, see Stone (1975, 1984), Harper and Stone (1986), and Banks (1991).

For the effective counselor or practitioner, understanding the five phases or stages of ethnic identity development can significantly affect the outcome and quality of counseling. To aid in understanding the paradigm, Spielberger and Sydeman's (1994) state–trait anxiety/state–trait anger theory is helpful as an explanation. It is proposed that ethnic identity, like anxiety and anger, has state and trait qualities. For example, the state quality reveals how a person feels about his or her ethnic identity from "moment to moment." This quality is volatile and may change frequently. Accordingly, it may also influence the perception of the client about himself or herself as well as the environment. The trait quality reveals how a person "generally feels" about his or her ethnic identity. This quality is more stable and less affected by individual incidents in the environment. The state–trait principle of ethnic identity development is represented by the reversed pairs of arrows between each level of the five phases of development in Figure 4.1. These pairs of arrows (pointed up or down) in the paradigm indicate that identity has dynamic or static qualities that change depending on environmental conditions and circumstances.

With our paradigm of ethnic identity development that uses state and trait identity, the counselor and client can be assisted in understanding the appropriateness or inappropriateness of ethnic identity qualities and responses. Subsequently, the counselor, upon identifying the trait and state phases of ethnic identity, will be able to select appropriate counseling techniques and strategies to enhance the probability of achieving desired outcomes in terms of lifestyle changes.

PHASE 5: PANETHNICITY

↑ ↓

The person demonstrates a transcendent worldview. There is an inclination to view one's self as a member of ethnic groups of the world; there is a sense of sharing a common world culture as well as that of his/her unique culture.

PHASE 4: TRANSETHNICITY

↑ ↓

The individual exhibits a tendency to move across or beyond his/her ethnic group or culture to significantly experience other cultures and groups.

PHASE 3: ETHNOSYNCRETISM

↑ ↓

The person accepts new ideas about his/her ethnicity and culture. At the same time, he/she accepts new ideas and practices from other cultures, i.e., without sacrificing his/her own cultural identity.

PHASE 2: ETHNOCENTRISM

↑ ↓

The individual believes in the inherent superiority of his/her ethnic group. There is a tendency to view various or other ethnic groups as inferior.

PHASE 1: ETHNOENTRÓPY

↑ ↓

The individual tends to be alienated from his/her own ethnic identity or ethnic group of origin. The individual illustrates a tendency to avoid other ethnic groups or other cultures when possible.

FIGURE 4.1 A Paradigm of Phases of Multiethnic Identity Development.

Within the paradigm, some additional observations and cautions are warranted for optimal use of the model, especially if the assessment involves the trait quality of ethnic identity in Phases 1 and 2. Counseling implications for each phase of the paradigm follow:

> *Phase 1: Ethnoentropy.* The prognosis for progress within the framework of individual counseling is minimal. However, if counseling is continued by the client over a significant period of time, cross-cultural group sessions may offer the greatest promise. If the client is terminated early in the individual counseling relationship, he or she may be referred to a group on the theme of ethnic relations.
>
> *Phase 2: Ethnocentrism.* The prognosis for progress is improved. Individual and group counseling techniques may be effective in achieving desired goals. Also, information groups and ethnic relations training may be considered.
>
> *Phase 3: Ethnosyncretism.* This phase appears to be the one selected by most college students as being ideal. Clients in this phase are considered healthy; however, they are often interested in feeling more comfortable with their own ethnic identity and ethnic group vis-à-vis seeking experiences with other ethnic groups. They often assume that they are liberal and have learned enough about other ethnicities for the present time. In this case, the counselor encourages ongoing cross-cultural learning or lifestyle changes by way of multicultural books (bibliocounseling), ethnic courses, cross-cultural group experiences, travel, field experiences, and other means.
>
> *Phase 4: Transethnicity.* Problems of rejection by one's own ethnic group may be encountered when significant contact and interface are maintained with another ethnic group. Rejection may be received from both one's own ethnic group and the interfacing group. Increased support by the counselor and the development of awareness by the client are realistic areas of focus for counseling.
>
> *Phase 5: Panethnicity.* This phase of ethnic identity represents transcendence on the part of the individual. Approximating states of self-actualization and self-realization are observed

and readily apparent in the lifestyle. However, it seems that after individuals have been recognized nationally or internationally, this status is assigned to them by multiethnic groups of the world. At this phase, the client (a) realizes a state of comfort with human beings regardless of ethnicity or culture, (b) is comfortable with knowing and appreciating his or her own ethnic identity of origin, and (c) is not affected by the negative ethnic reactions, rejections, or comments of others. This person has reached the highest level of ethnic maturity and is no longer in need of counseling as related to concerns of ethnic identity or development.

The paradigm of multiethnic phases of development is useful as a counseling framework when assessing counseling clients with ethnic identity concerns. Nevertheless, further research regarding the five phases of ethnic identity development is recommended with a variety of cultural and ethnic populations.

APPLICATIONS FOR COUNSELING

In our first chapter for the initial edition of this book (Harper & Stone, 1993), we provided two counseling cases as examples of how TC could be used. In this revised chapter, we provide a number of examples of counseling concerns wherein it would be appropriate for the counselor or clinical practitioner to use TC, because professionals in the field have often asked, "How can I use this approach with my clients or in my counseling practice?" Bear in mind that any client problem that can be defined or assessed as a problem of living or lifestyle can be addressed with our theory of TC.

In general, TC has applied value for client problems in the areas of health counseling, career/job counseling, family and marital counseling, college counseling, lifestyle management, and various other areas of counseling. Again, any human problems that can be assessed as a lifestyle problem can be addressed with the principles, training modalities, and counseling techniques of TC.

For example, in the areas of health counseling, problems such as hypertension, eating disorders, alcohol or drug addiction, cardiovascular disease, and depression can all be facilitated, if not caused, by the way persons live or have lived from day to day, month to month, or even year to year. These same types of health problems often can be minimized, reversed, or even eliminated by simple lifestyle changes. Health problems may fall under the TC modules of eating orientation, exercise versus sedentary living, knowledge about living, and self-regulation. Also, we cannot rule out the module of meaningful and productive work as related to holistic health. Counseling modalities that can be used in health-related problems may include strategies such as self-help groups, bibliocounseling, exercise homework or an exercise group, relaxation training, meditation, and an information or orientation group. Of course, these types of lifestyle-training modalities should always accompany individual counseling and sometimes group counseling. They are used as adjuncts to counseling and as intervention strategies for lifestyle change.

Career problems often result because persons have chosen a lifestyle of doing things they do not like or do not do well. Also, a job problem or career adjustment problem can result from a lifestyle of consistent tardiness in reporting to work, wasted time on the job, interpersonal conflict in the work setting, and failure to pursue job opportunities or training for career growth and advancement. In the work setting, the purpose of the transcendent counselor would be to assess the client's complete typical workday, identify modules under which difficulties may fall, and assign modalities or strategies for lifestyle intervention and change. Along with changing one's workstyle or lifestyle as related to work, the counselor and client may also consider a job change, career change, or even work-setting change in case the problem may relate more to factors other than the client's lifestyle or workstyle.

Problems of family and married or unmarried couples are often related to ineffective lifestyles or lifestyles that conflict. A lack of managed time, constant rushing, ineffective interpersonal styles, stress, and reactions to stress can also contribute to problems of family and couples. These types of problems can often be modified by adjustments in the lifestyle of the individual, the couple, or an entire family as a unit, as well as improved interpersonal styles or ways of relating to each other. Counseling modalities and techniques for working with families and couples may include information groups, group counseling, family counseling, sexuality training, homework, time management training, financial management training, relaxation techniques, sociodrama (for family members), and interpersonal effectiveness training. Again, these lifestyle-training modalities accompany individual counseling and are proposed to be intervention adjuncts to counseling.

In college and universities, problems of students are often related to academic performance and personal adjustment or how college students live from day to day and how they use and manage their time. In essence, these daily problems are ones of lifestyle that can often be modified by lifestyle intervention. For example, consistent tardiness to class, wasting precious study time, having too much fun, failing to manage and organize time, practicing poor study habits, frequent interpersonal conflicts, relationship problems, poor nutrition habits, loneliness, and depression are all lifestyle-related concerns that often can be addressed effectively by a change in living habits and patterns or a change in how the college student lives and functions from day to day.

In American society and some other Western cultures, lifestyle problems frequently relate to wasted time or lack of meaningful use of time, ineffective relationships with others, lack of exercise or physical work, addictions (e.g., to drugs, food, sex, gambling, and various activities), cases of real stress or perceived stress, rushing through the day because of poor planning, tardiness, activity overload, unnecessary conflict, and a failure to be sensitive to body signals and needs (e.g., fatigue, hunger, and stress).

Therefore, in counseling, the purpose of the transcendent counselor is to assess modules or areas of lifestyle that represent unhappy, unhealthy, nonmeaningful, nonproductive, and destructive living and move to modify these areas of living through directive-motivational counseling, lifestyle training, and homework aimed at positive lifestyle change.

IMPLICATIONS FOR RESEARCH

The main purpose of research on counseling effectiveness is to evaluate the outcome of counseling as measured by positive or expected changes in the client. In researching TC, we sought to evaluate as the primary goal positive changes in the lifestyle of the client as the expected and preferred outcome of counseling. Secondary goals or counseling outcomes of TC would be need fulfillment, meaningful work and activity, and holistic health. The independent variables that are assumed to influence lifestyle change would be the TC counseling process itself and any adjuncts to counseling as represented by our training modalities. The baseline for change would be the initial assessment of lifestyle or where the client is at the time of admission to counseling. Therefore, our Step 1, Assessment, serves as the baseline for measure or the pretest for comparing any posttest measure or outcome. Any criterion measure of positive change can be assessed by a reliable, self-report instrument for lifestyle or by direct observation and reports of life activities that are either increased in frequency or decreased in frequency or prevalence (depending on the preferred direction of outcome). Also, as a means of measuring life activities or preferences, one may consider a variety of situational tests, role-playing assessment techniques, and assessment-center techniques (Anastasi & Urbina, 1997). Unlike self-report measures of personality, attitudes, or beliefs, these measures assess what a client does or will do in given daily situations.

With regard to research design, a pretest and posttest design can be used to assess any posttest outcome in lifestyle change, or one can use a pretest and posttest design with a second posttest a month or two after termination of counseling to assess any relapse in change versus maintenance of lifestyle change after termination of counseling and during follow-up. A time-series design can be used to make periodic observations of lifestyle changes as an ongoing evaluation of the effectiveness of TC counseling and its lifestyle training.

The counselor or researcher can also consider a content analysis or qualitative research techniques on transcripted data from tape-recorded content of the counseling session to assess changes in the lifestyle activities and life values as espoused by the client in counseling. Feelings and attitudes can also be analyzed as measures of disposition toward a new way of living or a new way of perceiving one's lifestyle.

CONCLUSION

Transcendent counseling's primary focus is that of changing the client's lifestyle as opposed to traditional counseling's purpose of changing the client's behavior. Furthermore, TC differs from most traditional counseling theories in the following additional ways:

(a) Instead of seeing human beings as good, evil, or neutral, it simply views people as vulnerable (some more vulnerable than others); (b) instead of influencing the client to adjust, in some way, to the norm, TC encourages growth and transcendence or going beyond the norm; (c) instead of involving talk therapy only or primarily, TC strongly encourages homework and treatment training for lifestyle modification; (d) instead of focusing on the limited goal of psychological homeostasis or psychological health, TC values the goal of holistic health or a healthy mind, body, and spirit; and (e) instead of focusing only on growth for the client, the transcendent process also values counseling as a helping and learning process for both the client and the counselor.

Lifestyle change toward positive growth is the modus operandi and highest good of living. Murphy's (1992) *The Future of the Body* reminds practitioners of the difficulty encountered when attempting to understand the human capacity for change. That is, change occurs through transformative practice, a practice defined as "A complex and coherent set of activities that produce positive changes in a person or group" (p. 589). Two early advocates of transformative practice in counseling, Jourard and Overlade (1966), described this change or growth process as transcendent behavior, in which the person demonstrates something in the realm of the possible that had once been perceived by that client to be impossible.

From these observations by Murphy (1992) and Jourard and Overlade (1966), the concept of TC can be viewed as a transcultural and transformative counseling model through which a relatively permanent change in lifestyle is achieved by an individual or group (Harper & Stone, 1986).

To a great degree, TC is a psychoeducational process as well as a counseling experience. That is, it counsels and teaches the client how to live by the use of its verbal counseling techniques, training modalities, homework activities, and its six modules—modules that all focus, in some way, on information, attitudes, and skills as related to living. Within this framework, TC, implicitly or explicitly, conveys universal values of quality and effective living through its modules of counseling. These universal values can be construed as healthy living, effective interpersonal and intergroup relations, productive and meaningful activity, self-management, and an orientation toward growth versus an orientation toward stagnation and resignation.

Transcendent counseling is a preventive counseling theory as well as a remediative one. It serves to correct or remediate human problems, and it can be a functional model for preventing problems and educating one for growth toward an improved quality of living.

Transcendent counseling embraces the movements in multiethnic and multicultural education and encourages clients and counselors to take advantage of sound opportunities for cross-cultural academic learning and real-life field experience (Banks, 1991; Boyer, 1983; Farley, 1988; Marger, 1991; National Council for Accreditation of Teacher Education, 1995). By the same token, TC encourages counselors to read and remain up-to-date on the current changes in the literature of multiculturalism and transculturalism, as a means of acquiring and maintaining an understanding of cross-cultural effectiveness and sensitivity (Baruth & Manning, 1991; d'Ardenne & Mahtanie, 1989; Lee, 1997; Pedersen, 1991; Pedersen & Carey, 1994; Ponterotto & Casas, 1991).

In today's increasingly shrinking world, TC advocates the timely use of computers and the Internet as tools and sources of accessing valuable information for living and as media for counseling and prevention (e.g., counseling online). However, we advise counselors to caution clients with regard to the need to verify the accuracy of Internet information and the credibility of various websites, and we caution counselors to do the same in verifying Internet information.

Certainly, the world has changed significantly and at a rapid pace over the last decade in terms of social, economic, scientific, and political events and changes that signify numerous implications for human living. Along this line, effective multicultural and transcultural practices must be examined if pluralistic, efficacious solutions to personal and universal problems are to be realized. Transcendent counseling appears to be a logical, timely, meaningful, and practical theoretical model that merits utmost consideration by practitioners as we move toward the year 2000 and into the next millenium.

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CHAPTER 5

TRANSCULTURAL FAMILY COUNSELING: THEORIES AND TECHNIQUES

DAVID A. KAHN

As our world grows ever smaller and family therapists are required to treat a more culturally diverse clientele, the need to treat such clients in an ethical, professional, and effective manner necessitates that therapists arm themselves with theoretical and practical knowledge of what works with whom. Familiarity with transcultural family counseling techniques gives therapists the ability to draw from existing knowledge of their field for practical application in their daily practice. This chapter provides family therapists with insights into the theories and techniques that, if used with wisdom and care, will transcend cultural boundaries, norms, and expectation to allow the ethical treatment of any client or family.

Somewhere in the United States, a white middle-class family counselor walks into his office to meet a newly emigrated Vietnamese family. This family has come to him because their 15-year-old son is displaying behavior problems and is performing poorly in school. The youth has been suspended from school several times for fighting and showing disrespect to his teachers. Family members present include the father, mother, paternal grandfather and grandmother, a 13-year-old sister, and a 5-year-old brother.

Immediately a special set of questions arises: How should the counselor begin this initial session? Whom does the counselor address first? What is the most important goal of this first session and how is it accomplished? Which therapeutic paradigm will be most effective with this family? Which therapeutic techniques will provide the most effective change mechanisms? These are difficult questions to answer, and the answers obviously depend on a wide set of variables.

The most significant factor that determines the success of the counselor is how he adapts his personal worldview and therapeutic skills to those of the family that has come for help. Another important factor is the counselor's ability to transcend the cultural differences so that previous family systems training and experience will be used as effectively as possible.

Family counselors have a tremendous responsibility when counseling culturally different families. As in any other counseling field, the counselor's responsibility is to provide clients with the best, most effective therapy possible. All counselors have an ethical responsibility to treat only those clients they are qualified to treat. In this world of cultural diversity and transient lifestyles, family counselors are attempting to treat more families who have differing worldviews. To treat these families, family counselors require more training and experience in transcultural counseling if they are to effectively serve the needs of families who face the multitude of issues of modern society.

The structural, intergenerational family, experiential schools, and multiple family therapy groups are well-known theories of the family systems approach. These four paradigms use techniques that can help family counselors bridge cultural gaps. Each paradigm has something to offer the transcultural counselor if the techniques described in this chapter are used with wisdom, insight, honesty, and sensitivity to cultural norms and perspectives. It is every counselor's responsibility to provide the most effective treatment available without letting value judgment or personal perspective dictate the change that must occur to help others grow.

Families in need of professional help exhibit similar developmental issues, communication problems, hierarchical imbalances, subsystem issues, and boundary problems. These issues may stem from culture-specific problems, but they exist in all cultures. Falicov (1982) said that "dysfunctional family patterns may be aggravated by cultural adaptation, but they belong to categories of universal or at least, transcultural human problems" (p. 158).

Traditional family therapy theories and interventions are effective in the treatment of families from varying cultural backgrounds. When counselors encounter dysfunctional behavior that transcends cultural patterns, the more traditional family therapy approaches are the therapies of choice (Falicov, 1982). These therapeutic approaches should adjust therapeutic goals according to the cultural differences and values of the families being treated. The strongest of these theories was born in a part of society where cultural differences were the rule, not the exception.

STRUCTURAL SYSTEM PARADIGMS AND TECHNIQUES

The structural family therapy approach was developed by Salvadore Minuchin along with Braulio Montalvo and others. Structural family therapy has been a leading systemic approach since the 1970s and continues to gain in application as its effectiveness continues to be proven.

Structural family therapy was born at the Wiltwyck School for delinquent boys, where Minuchin and Montalvo worked with culturally diverse boys of lower socioeconomic status and their families. Minuchin felt that the therapeutic approaches of Nathan Ackerman and Don Jackson were not appropriate for his clients. Therefore, he developed a simple and practical theory of family therapy. The theory uses concrete, action-oriented techniques to help family counselors work effectively with families.

This family system approach places emphasis on the process of family therapy rather than its content. Structural family therapy provides a theoretical framework that guides counselors' interventions through consistent strategies of treatment that in turn reduce the need to use specific techniques for various occasions. Interaction between family members gives the therapist the information needed to change the system.

Structural family therapy uses three constructs as a basis for understanding and identifying the issues involved in family interaction: structure, subsystems, and boundaries.

Structure refers to the organized pattern in which family members interact. This structure is supported by universal and idiosyncratic constraints, such as the hierarchy in which children and parents maintain different levels of authority. Family structure is highly dependent on the cultural heritage and traditions of families. The interactions that create structure tend to be repeated and turn into transactions that establish enduring patterns and become resistant to change. Family structure is supported by a set of covert rules that govern the transactions. Counselors need to realize that family structure is not easily recognizable and that only through actual interactions will the structure make itself evident.

Subsystems are the primary building blocks of the family. Each individual is a subsystem of the family, and these individuals combine into dyads or larger groups to form other subsystems. The subsystems often are determined by gender, generation, or interests. Subsystems make themselves known both overtly and covertly, with the covert systems being of prime importance in family therapy. The possible combinations of subgroupings are endless.

Boundaries are the invisible barriers that surround individuals and subsystems within the family system. Boundaries help protect the independence and separateness of the subsystems in the family by delineating "how the family is organized and follows the rules" (Sharf, 1996, p. 524). Boundaries can be rigid or diffuse and can create disengagement or enmeshment between various family members. Disengagement creates isolation and autonomy and can promote independence, growth, and mastery. Enmeshment creates a heightened sense of mutual support. The most important boundary in the family system is the generational boundary, which divides the family into two subsystems: the executive subsystem and the sibling subsystem (Shultz, 1984). Realigning boundaries can strengthen the boundaries of subsystems and increase autonomy in enmeshed families. Realignment also creates boundaries in disengaged families that encourage members to discuss their conflicts.

Structural family therapy is effective with families of cultural diversity because it focuses on the process and restructuring of family interactions instead of the content and emotions (Shon & Ja, 1982). Lappin (1983) emphasized that process is process in any language. Issues such as overinvolvement, enmeshment, disengagement, and diffusion still require working with and realigning family boundaries and subsystems. Families will interact with each other through the established subsystems and within the boundaries they have created. The content often provides an emotional catalyst that can highlight the typical patterns of family interaction, making it easier for the counselor to identify trouble areas. Teaching families to communicate, interact, and relate more effectively can produce better functioning families.

Counselors must be careful not to attempt to change the family process in a way that could cause cultural inconsistency. Counselors cannot always assume that the best way to interact is the Western way. Trying to reduce the generational boundary between parents and child in an Asian family could prove disastrous. It would be important to help the parents maintain their executive power as parents while improving their acceptance that children with independent coping skills can be beneficial to the family. Lappin (1983) cautioned that "what is distance in one culture may have a very different meaning in another" (p. 129).

Structural family therapy allows the counselor to create a structural map of a family's boundaries and subsystems. This map shows the counselor how family members interact and where issues of enmeshment or diffusion may exist. Structural mapping helps the counselor assess issues and develop treatment strategies and serves as a baseline for determining whether interventions have been useful (Shultz, 1984). Family structures typically do not remain the same; they change within each family as situations change. Highly dysfunctional families tend to display rigid structures that are not very flexible across situations. Cultural differences may spotlight rigid generational boundaries that differ from those of the Western world, but structural mapping can help assess where these boundaries are detrimental to the functioning of the family and where they are not. From this point, the mapping can be used to develop treatment goals by helping the counselor assess which boundaries require modification and which subsystems may need alterations.

Finally, structural maps developed by the counselor may be used as focal points to plan interventions to help the family. For instance, if the original map indicates enmeshment by one parent with a particular child, homework assignments may be given to the peripheral parent and that child.

One of the strongest techniques used by structural family therapy is the joining technique. *Joining* is the process by which the counselor and family form a partnership to free the identified client of symptoms, reduce family conflict, and learn new coping skills (Minuchin & Fishman, 1981). Joining and accommodating is the first step in structural family therapy. This initial step should take place during every family session. The counselor should then try to join with each family member present. Joining is the process that binds the therapeutic system together (Minuchin & Fishman, 1981), and it takes more time in transcultural counseling (Lappin, 1983).

Jung (1984) indicated that joining helps a counselor control the session without alienating any family members. For Chinese families, Jung emphasized the importance of exhibiting caring, understanding, support, and sympathy for each member while taking into consideration, and being aware of, the cultural values of individual family members. In transcultural counseling, a counselor must understand a family's cultural style of forming trusting relationships, particularly helping relationships, if the joining is to be effective (McGill & Pearce, 1982). Part of the process of understanding how a family learns to trust is being what a family expects of a counselor (McGill & Pearce, 1982). This can be done by researching the cultural background of a family before regular therapy sessions. Information about cultural expectations can come from various literature (sociological, anthropological, psychological, and historical) and from interviews of professionals and acquaintances who come from similar cultures. Be careful not to stereotype families on the basis of this research; within every culture there remains individual and societal differences. Issues of class, caste, income status, and especially roles are critical in transcultural work and should be taken into account when joining with a family (Lappin, 1983).

Joining with families of different cultures can be difficult because of their potential difficulty in trusting outsiders with family information. Many culturally different families have experienced racism, oppression, and discrimination in various institutional settings. These experiences, understandably, influence their ideas about the helping profession. The counselor may avoid risking insult and difficult trust issues by being open and honest about limited exposure to cultural mores of the client. Asking for information and indicating a willingness to learn about a family's cultural background through the course of therapy might also help to reduce sources of mistrust or resistance.

Working with interactions is an enactment technique used by structural family therapy. Enactments occur in three phases: spontaneous transactions of the family, counselor-organized scenarios of family interaction, and alternative ways of interacting suggested by the counselor (Minuchin & Fishman, 1981). The use of spontaneous enactments provides the counselor with a picture of how the family may normally interact. This step is an essential part of the creation of structural maps used for diagnosis and treatment planning. Spontaneous enactments allow the counselor to highlight particular actions and to help the family gain insight into the ways they interact.

When working with any family, counselors should be aware of the family's tendency to try to appear as healthy as possible. In other words, some spontaneous interactions may not be a true reflection of how the family typically interacts at home. Montalvo and Gutierrez (1983) said that families often offer a "cultural mask" (p. 16) to hide the way they normally operate when trying to solve family problems. The family can use its culture as a defense against accepting help for their issues. This is where the counselor's suggestions of scenarios of family enactments are important.

If the counselor suggests interactions around potentially touchy situations, the families could be caught off guard, forcing them to drop their facade of normalcy. This gives the family counselor an opportunity to view the family at its most real self. Structural family therapy is designed to help families correct their flawed boundaries, and this can only be accomplished if the counselor has a real idea of how families interact in their typical environment. This has particular importance for the therapist attempting to help families from different cultural backgrounds. The family counselor must focus on the fundamental aspects of what it takes to uphold marriages and socialize children if they are to be effective with culturally diverse families (Montalvo & Gutierrez, 1983). Unless a counselor can understand the typical pattern in which a family interacts, regardless of their ethnic background, there is little opportunity for helping to develop appropriate problem-solving skills.

The family counselor who suggests new ways of interacting in enactments provides families with an experiential learning tool for using new structural process within their family. This helps the family to develop different options to their typical interactions and provides opportunity to experience new skills for solving problems. It is important for the counselor to take into account the dysfunctional patterns in which the family typically operates and suggest interactions that can improve family functioning.

Diagnosing is another important technique of structural family therapy. This is a process whereby the counselor describes the way a particular family works systemically within the concepts of boundaries and subsystems. This process helps the counselor know where to focus therapeutic energies toward helping the family improve. Diagnoses change over the course of time and become more refined as the counselor is able to understand the familial relationships. Diagnosing helps the counselor to see beyond the various content issues that family members focus on and to remain focused on the structural changes that need to take place.

Highlighting and modifying interactions help families better understand how they remain stuck or dysfunctional because of particular interactions. This technique must be used with a great deal of intensity in order to challenge a family's perceptions of reality. The trick is to get the family to hear the message that highlights the dysfunctional interaction in order to begin the prospect for change (Minuchin & Fishman, 1981). The counselor often has to be very active and may have to highlight the same interaction a number of times before the family members actually begin to change their interactions. Awareness of cultural diversity is important with this technique, but again it is more important to understand how families universally work to determine which interactions are detrimental. Temper every intervention with knowledge about the family's cultural heritage but apply universal rules around family functioning, especially in terms of structure, boundaries, and subsystems.

INTERGENERATIONAL FAMILY SYSTEMS PARADIGM AND TECHNIQUES

The intergenerational family systems paradigm was developed by Murray Bowen, a leading figure in family therapy. Bowenian, historical, extended, or intergenerational family therapy grew out of Bowen's work with schizophrenic families. Bowen is concerned with the multigenerational family system, but he usually works with individuals or couples. He developed a three-generational hypothesis of schizophrenia that proposes that interlocking triangles connect one generation to the next (Nichols, 1984). Triangular relations within families are a major component of Bowen's theory (Sharf, 1996), though not the only element in the core of his system of family therapy.

Eight interlocking concepts make up Bowen's theory: emotional triangles, differentiation of self, nuclear family emotional system, family projection process, multigenerational projection system, influence of sibling position, emotional cutoff, and societal regression.

Bowen's theory emphasizes differentiation of the individual from the family of origin. He felt that families become emotionally fused out of their unhealthy exaggeration of people's instinctual need for others (Nichols, 1984). According to Ho (1987), "Differentiation of self is a universal process, varying only in quantity and quality in different cultures" (p. 141). The goal of therapy is to help clients to begin a lifelong effort at self-discovery. Bowen gives his clients the tools to make trips back into the family of origin in order to differentiate the self. Differentiation is a process of becoming independent of, but still in contact with, the family of origin, both nuclear and extended. Differentiation is marked by an ability to separate intellectual processes from feeling processes with an emphasis on distinguishing the two (Sharf, 1996).

Bowen's idea that the interpersonal system of the family comprises three people gave rise to the concept of emotional triangles. A family begins when two people marry and leave their family of origins. According to Bowen, any two-person relationship is unstable because it is difficult to relate to one other person for very long before some emotional crisis or stressor interferes. Couples handle these instances by pulling a third person or object into the situation to relieve anxiety or tension. For instance, if the husband becomes anxious about a marital issue, he may begin to use his job as the tension reducer by working longer hours. Couples typically decrease the anxiety by focusing on their children. Although this reduces tension in the relationship, it does not bring about a solution to the original issue. This process is called *triangulation*. The triangle is said to be the smallest stable relationship that can occur between people. The concept of triangulation appears to be a universal occurrence within families, and cultural differences sometimes dictate who or what is used as the third part of the triangle. Triangles also occur within systems and are not limited to three individuals (Nichols, 1984).

Cultural differences may dictate how various triangles are set up and who plays major roles in them. Grandparents may be at one point, the mother at another, and the spouse, children, or identified client at the third point on the triangle. Effective family therapy with the triangle means the therapist must become involved with the most important part of the triangle, usually the marital couple, to be a catalyst for detriangulation and thus increase chances for differentiation. To do this, the counselor becomes a third part of the triangle and remains neutral and nonjudgmental, thereby modeling a clear and differentiated way of interacting (Sharf, 1996). In a family with a different cultural perspective, it may not be easy to identify the part of the triangle that affects the marital couple the most—that part which triangulates the marital relationship—or to develop strategies for effectively detriangulating them without offending their cultural mores or values.

Even though Bowen's family therapy focus relies on the extended family, he usually works only with the married couple or the person who presents the family for therapy. This concept rests on the idea that change in one triangle will effect change within the family system. Bowen teaches families about triangulation and then uses a technique called *coaching* to help clients return to their family of origin to detriangulate themselves and become more differentiated (Nichols, 1984).

Another technique used by Bowen is *differentiation*—to work with the family member who is the most differentiated or respected member. This technique can be useful when working with clients who place emphasis on resolving problems solely within the family. Formal family therapy may be too threatening for many culturally different families, and this technique provides an effective alternative (Ho, 1987). This technique relies on changing one family member in order to effect change within the entire family system.

Nuclear family emotional system is the process by which patterns of functioning occur within the family of a single generation. It is presumed that various patterns of previous generations will be repeated in the current family. This occurs because of the levels of undifferentiation existing in each individual of the marital couple. Little differentiation by each spouse from their families of origin can lead to fusion within the marriage. Typically, people pick their mates who have similar levels of differentiation from their families. The degree of fusion in a marriage can determine the difficulty of future problems within the family.

Parents emotionally transfer their immaturity and lack of differentiation to one of their children through *family projection process*

(Ho, 1987; Nichols, 1984; Sharf, 1996). Bowen believed that the marital conflict often resulted in emotional distance between the spouses. This can lead to one of the parent's fusion with a child, usually through an overly dependent bond or a struggling conflict. The child who undergoes this fusion often creates emotional impairment, further encouraging dysfunctional behavior. This process is universal and occurs within all families with children (Jones, 1980).

Multigenerational transmission process is important to transcultural counseling issues. It describes the way families transfer family patterns from one generation to the next. Bowen believed family problems do not originate with the individual or with the nuclear family alone. Identified patient dysfunction is a process of at least a three-generational transmission. The theory is that the identified client's symptoms result from an ever-decreasing level of differentiation that occurs across generations. The way this happens is that people marry other people with like differentiation and then the child of this marriage with the least differentiation marries a similarly differentiated spouse. This process continues to occur until a child exists with such low differentiation that schizophrenia develops. This concept can be important when working with families who value close relationships with their extended family. A counselor can grasp a better understanding of the dysfunction in a family if the important extended family members are used in the treatment process rather than excluded.

Sibling position is important in that Bowen believed certain children may have certain personality characteristics based on their position in the family. There are many variables involved in determining personality characteristics that make prediction complex, but Bowen encouraged counselors to have a working knowledge of the general characteristics to determine how the children are involved in the emotional processes of the family. The concept of sibling position is concerned more with the functioning of the child than with the actual birth order (Sharf, 1996). In many culturally diverse families, sibling position can determine much about the individual child's future or importance in the family hierarchy. Sibling order and hierarchy often play congruent roles in the family. The values held around birth order could create interesting problems when, for example, an older sibling takes on the role of the youngest sibling because of this child's tendency to be the most triangulated by the parents. When attempting to help families from different cultures, the family counselor should be familiar with the cultural perspectives on birth order.

Emotional cutoff has occurred when children are emotionally or physically cut off from their parents in order to start a new life with their peer generation. Problems occur when these individuals abruptly and totally abandon their family of origin, usually creating family problems that mirror those of the family of origin but manifest themselves with greater intensity. The other extreme is when the individual never emotionally cuts off from the parents, therefore hindering differentiation of self. The way to battle dysfunction resulting from emotional cutoff issues is for the new nuclear family to remain in contact with the family of origin (Jones, 1980).

Emotional cutoff is important when working with culturally different families because of the issue of migration. Culturally different families may have migrated long distances from their families of origin and may be experiencing difficulty keeping contact with them. Emotional cutoff is intensified by distance and may not only be a function of children's attempt to remove themselves emotionally from the family of origin. The family counselor must be prepared to use creative measures for helping families who suffer from emotional cutoff because of distance.

Societal regression refers to Bowen's concept that models of family functioning can be extended to societal systems. The more a society is stressed by such things as natural disasters, war, or civil unrest, the more undifferentiated and dysfunctional it can become. Bowen urges leaders and policy makers to rely on their intellect rather than emotions alone when they make decisions (Sharf, 1996). Societal regression impacts the field of transcultural family therapy in that family functioning is directly affected by the events that surround everyday life and society is equally affected by events which occur within the families that build it.

EXPERIENTIAL SYSTEMS PARADIGMS AND TECHNIQUES

Experiential family therapy is a direct outgrowth of the humanistic psychotherapies that originated in the 1960s. This therapeutic approach stresses the here-and-now experience of each individual member of a family. The focus of therapy is to help the family grow through genuine, honest expression and experience of feelings. According to Nichols (1984), the aim of experiential therapy is to help "individual family members become sensitive to their needs and feelings, and to share these within the family" (p. 272). Helping individual family members grow is combined with strengthening the family unit.

Carl Whitaker is considered the prime proponent of experiential family therapy. Whitaker supports the idea that the most effective aspect of experiential family therapy is the personality and style of the therapist. He puts little emphasis on the use of theory within the therapy setting and supports strong use of intuition, spontaneity, honesty, and personal disclosure of feelings to help promote growth and honest divulgence of feelings within the clients. The counselor is the primary change agent within family therapy, and it is the therapist who is willing to take educated risks that will be most beneficial to families.

Experiental counseling relies very little on theory or many structured techniques. Most experiental counselors would claim to be eclectic in theoretical approach to family treatment and borrow from various counseling theories. The goal of experiential family therapy is to help each family member experience further growth and understanding. Reliance upon problem solving is not a major focus (Nichols, 1984).

COMBINING THE THREE APPROACHES

Multiple family therapy (MFT) provides transcultural counseling with a dynamic treatment approach for treating ethnically different families. MFT has been used in a variety of countries and cultures to effectively treat families with a multitude of issues. MFT has the potential to recreate the community in which families live by allowing several families to receive treatment at the same time. Through the creation of a microcosm of the local community, families have the potential to learn from and about different cultures while focusing on the solutions to their family problems.

A major strength of MFT as a transcultural approach is that it relies heavily on the structrual–strategic–intergenerational–experiential schools of family therapy. MFT combines four traditional family treatment approaches in a format that gives families exposure to myriad family issues and potential for learning, change, confrontation, education, and growth. Placing families in a group in which other families share similiar issues can dilute the self-critical attitudes found within the families (Gonzalez, Steinglass, & Reiss, 1989).

MFT has proved valuable in various cross-cultural studies. MFT has had the following results in multiethnic issues: (a) clients' premature discharge because of family anxiety is avoided; (b) autonomy of individual family members is enhanced; (c) couples and parent–offspring relationships begin to improve; (d) the group serves as a bridge between the counseling environment and home and a consistent structure within which members' disturbed feelings and behavior can be accepted, understood, and, for some, ameliorated (Sigman, John, Levinson, & Betts, 1985); (e) families who are rigid and closed to external interventions often see benefits (Salem, Von Niederhausern, Aubry, & di-Giampietro, 1985); (f) adolescents meet goals of improving family functioning and understanding during the teenage developmental life stage (Singh, 1982); and (g) use of group techniques combined with family systems approaches is seen as an excellent way to augment individual therapy and to provide a means of handling various conflictual themes not easily handled in conjoint family or individual therapy (Chazan, 1974). Other uses of MFT in the transcultural field center around treating family structure instead of the identified client, which can help in some cultural contexts (Bhatti, Janakiramaiah, & Channabasavanna, 1982).

Various techniques can be used effectively in the MFT setting that provide a powerful catalyst for change by combining group therapy and family systems approaches. One Yugoslavian study discusses the use of the *family sculpting technique* with videotaped playback as an effective therapeutic tool (Krpan & Medved, 1989). The entire multiple family group benefits from reviewing the family sculpt on film because participants get a chance to view or hear important information they may have missed in the original sculpt. The benefit of reviewing a sculpt several times allows the entire group to process and parallel process the interactions and meanings more in depth.

In transcultural counseling, the greatest tool available to the counselor is not a technique but rather is his or her own personality and style. Families of differing cultures often have difficulty developing trust in a counselor from the majority culture. This can more easily be overcome if counselors present themselves with an open, honest, dynamic style and use intuition to help guide effective therapeutic interventions. Effective counselors present themselves as individuals who lack motivation for personal gain within the counseling sessions. These skills cannot be easily taught and more often than not are developed through years of experience of working with families.

The effectiveness of any technique used in family therapy relies on the counselor's skill and insight. Choosing the appropriate technique for various situations cannot be reduced to the cookbook mindset where counselors are able to pick and choose a technique by any set formula. The techniques adopted in family therapy are useful only if applied in an appropriate setting, with appropriate style, and in the correct time frame. This is especially true when working with culturally different clients. The key to follow is "know your client"!

"Know your client" is a rule any counselor should follow when working in a therapeutic setting. When treating families from different cultures, this is often difficult to do because of differing worldviews and experiences brought into therapy by both the clients and the counselor. It is impossible for any counselor to understand and be aware of every cultural aspect presented in the therapy session. Counselors therefore must take responsible measures to afford themselves with appropriate training and exposure to transcultural issues. As Sue (1992) stated, "counselors must learn about the client's culture and about how the socio-political system in the United States operates with respect to its treatment of minorities" (p. 13).

TRANSCULTURAL FAMILY THERAPY TECHNIQUES

Family therapy techniques that could prove useful in transcultural counseling originate from structural, strategic, extended, and experiential schools of family therapy and from individual, psychodramatic, multiple family therapy, and Gestalt counseling theories. They include link therapy, the fishbowl technique, family sculpting, family drawing, auxiliary ego, role reversals, hug therapy, homework assignments, coaching, family meetings, circular questioning, reframing, and modeling.

Link therapy is a strong transcultural approach for working with families who have migrated from a culture that highly values extended family input into solving problems to the point that all such problems are kept within the family system. Landau-Stanton (1990) stated that in instances of family migration some members acculturated to the new society faster than others, and this can cause a transitional conflict. This conflict often results in a polarization of the generations with the children promoting the newer dominate culture and parents supporting value systems from their country of origin (Bruenlin, Schwartz, & Kune-Karrier, 1992). This conflict has to be addressed in such a way as not to alienate the traditional, more rigid, hierarchical structure of the extended family while still including the more acculturated members in an effort to help the family resolve this transitional conflict (Landau-Stanton, 1990).

Link therapy approaches this problem by choosing an important family member to function as the counselor within their family. The link counselor is trained through coaching to provide the therapy for the family. The link counselor must be chosen with care and wisdom. The person seeking therapy is usually an acculturated or entrenched family member and biased toward one side of the conflict. A family member who can work with both aspects of the transitional conflict and who is trusted and respected by the couselor to be available and workable is the ideal choice. Landau-Stanton (1990) suggested a family member whose position in the acculturation process has not been firmly defined and who generally is not the complainant but a peripheral member of the family. The link therapist is responsible for the direction of the solution of the transitional conflict, and the family counselor supports that decision through the coaching and training.

Link therapy is similar to Bowen's coaching but has three major distinctions (Landau-Stanton, 1990): (a) Link therapy is problem focused and does not focus on differentiation of the family member; (b) the family counselor chooses an appropriate change agent from available family members and does not necessarily work with the person presenting with the problem; and (c) link therapy is much more brief and geared toward rapid resolution of the problem (Landau-Stanton, 1990).

Landau-Stanton (1990) also said that link therapy is useful in cases when transitional problems are prime issues, such as the case of adolescence. Link therapy has proved useful when setting the adolescent up as the link counselor, as it reduces trust issues of parent–counselor coalitions and helps to balance the adolescent's typically oscillating nature (Landau-Stanton, 1990). Other transitional situations can include multigenerational issues, blended families, and nuclear families in which some family members are not available for therapy (Landau-Stanton, 1990).

The *fishbowl technique* is borrowed from group and MFT therapy. This technique can be adapted to individual family therapy to allow the therapist to work with important triangles in the system or to help more healthy members of the family model appropriate behavior. This technique takes various subsystems within the family and places them inside a circle of other family members. The counselor then works with only those members on the inner circle and asks the family members on the outer circle to remain quiet and to focus on personal thoughts and feelings. The counselor then provides a question or starts an enactment with the inner circle to begin the process of highlighting and modifying interactions or developing opportunities to work with triangulation. Fishbowling can be a useful transcultural counseling technique in that it does not really exclude any family members from therapy. The counselor encourages feedback from family members on the outside circle after approximately 20 minutes of therapy. Including extended family members who place an emphasis on the value of kinship roles is a strength of this technique.

Family sculpting, developed by David Kantor and Fred Duhl, gets the family to show itself in the form of a "meaningful tableau" (Nichols, 1984, p. 285). The counselor usually gets each family member present in a session to sculpt their family as they typically see them on a normal day when the family would be together. Empty chairs, the counselor, or other objects can take the place of important family members not present. This technique emphasizes the perceptions about family functioning in terms of distance, stance, and attitude. The counselor usually asks each family member questions such as the following: What do you notice about your family? How do you feel about where each of your family members are in relation to you? Are you comfortable with how the sculptor portrayed you? Is this how you typically see yourself? The counselor then can get individual family members to sculpt the family in terms of how they would like it to be. This technique provides the counselor with invaluable information about how each member perceives the rest of the family. The sculpts often project possible changes for the family in terms of boundaries and levels of diffusion or enmeshment.

Showing scenes from the past to help facilitate understanding in families who may be suffering from transitional conflicts associated with migration issues is an appropriate transcultural counseling application. Families guarded about family secrets will often tell the counselor valuable information if the sculpt is approached in such a way that the family is asked to "Remember a time when [an event] happened; now walk in the room and describe, through a sculpt, what typically occurred." Addressing the past will often show patterns of functioning that can be addressed in later therapy sessions.

Sculpting can be modified to help families with transitional conflict or acculturation issues by working specifically with the two parts that are involved in the conflict. Landau-Stanton (1990) called this technique *transitional sculpting* and the goals are to provide "a visual and experiential joining of past to present and this continuity allows experimentation with future direction" (p. 270).

In various cultures, sculpting could be sabotaged by starting with the leading patriarch or matriarch in the family, as the rest of the family will rarely vary their own sculpts from that of a strict authority figure. It is a good idea to start with younger members of the family to tap into playfulness and naive honesty. If the family is approached playfully with this technique, they will find it amusing as well as informative. Caution is encouraged for those cultures that guard their family secrets tightly. Join well with the family before attempting a sculpt. Telling the family up front that the purpose of the sculpt is to help them understand how they are viewed by other members of the family or that they will learn what other members expect from them could help diffuse some apprehension.

Family drawing is a projective device and technique for starting discussions or enactments. The counselor may use several methods of family drawing to help loosen the family up, build rapport, gain insight into individual family members' perceptions of the family, and decide what type of enactments may be important to the family therapy. It also is effective in helping the counselor identify important boundaries or subsystems.

The basic instructions in family drawing are to tell the members to draw a picture of the family as they see it, to draw one family picture with the members placing themselves in the picture where they feel comfortable, or to draw a circle and place the family inside the circle and any aspect of people or institutions that are not part of the family, but important to its functioning, outside of the circle (Nichols, 1984). Each of these methods provides the therapist with insight into individual family members' perceptions. The methods also help improve members' understanding of their own perceptions of the family and challenge movement toward desired changes.

This technique can be a nonthreatening way to convince members to talk about their personal perceptions of their own family. It also shows how the family works together naturally in problem solving or completing tasks. With some families, depending on their cultural orientation or worldview, the purpose of this task should be explained up front in order to help the family view the counselor with respect as an individual and expert.

Role playing is another important family therapy technique that can be adapted to work transculturally. This technique involves having family members place themselves in the shoes of others for short durations of time to improve understanding and promote insight into others' actions. The counselor asks one family member to play the role of another significant member and to act out a specific situation. Alternatives to this would be to have two family members switch roles and carry on a conversation to promote understanding of diverse perceptions. Yet another option is to have family members role play a scene from their own childhood to underline the importance of past experience on current behavior.

Rapport should be well established and appropriate topics addressed before starting in-depth role plays. It is often advisable to start with role plays that involve children and their parents or to use only one individual acting out a childhood scene. The amount of time spent on role playing varies and can last from only part of a session to the entire session. When working with families, the counselor should constantly be in tune to the attitudes and feelings that surface. Unexplained behavior or strong feelings should be explored to facilitate understanding within the family.

Doubling or the use of *auxiliary ego* is a technique borrowed from group psychodrama and is used in experiential family therapy. This technique uses family members or the counselor to stand beside or behind another family member and tell the group what that person is really thinking or feeling. The counselor can set up an enactment between two or more family members, then, while they are talking, have the auxiliary ego interrupt with his or her own perception of what is really trying to be conveyed by the client. The participant in the enactment is always given the opportunity to correct any incorrect interpretations by the auxiliary ego.

The counselor must use wise judgment when deciding who is to be which family member's auxiliary ego. Sometimes it may be wise to use only the counselor to avoid any potential issues around hierarchical boundaries, such as the wife of an Arabic husband telling their son what the husband is really thinking or feeling during an enactment. Even though she may be the best authority on her husband's thoughts, speaking them without his permission could create more family problems than already exist. If the counselor uses his or her own insight into the husband's thoughts or feeling, there is less risk sharing those thoughts with the son. By giving the father an opportunity to refuse or admit the feelings, the counselor allows the father to remain the perceived head of the household.

Hug therapy or *holding therapy* comes from the work of Leon Yorburg, a child psychologist working with schizophrenic families (Wolberg & Aronson, 1980). This technique is geared toward decreasing alienation between family members when breakdowns in communication and in intimate physical contact have occurred. This technique can be used between the marital couple, between parents and their children, and between siblings and is not meant for use between strangers, nonrelated authority figures, or differing ethnic groups in a transcultural setting. The goal of reducing alienation between family members is to confront the rage, anger, and hurt that each person feels toward the other by helping them to get to deeper feelings of caring and nurturing. Great care must be given when using this technique, as it could lead some family members to experience further rejection if one or the other refuses to follow through with the technique as requested. Children who have experienced extreme physical or sexual abuse or emotional rejection are not good candidates for this therapy early on in treatment. Knowledge of cultural taboos such as displaying public affection or exhibiting close physical contact with others should also be incorporated when making a decision to use this technique.

To begin this technique, the counselor asks permission from the two family members who are the most alienated from each other to try an experiment. Once permission is granted, the counselor asks the dominant person in the relationship, or the person whose role it is to be the more nurturing of the two, to hold out his or her arms and offer the other family member a hug. The counselor instructs them to hold on to each other until they are told to stop. Other instructions include no patting on the back or no talking about issues not related to the hugging. Questions can be asked of the nurturing partner, such as, "Remember when your child was very young? Hold them as you would have then" or "How long has it been since you have held your child/spouse this way for this long?" Similar questions can be asked of the nurturee. The hug can last as long as the counselor feels necessary, but 1 to 2 minutes after the initial movement to break apart is sufficient to begin reestablishing a sense of emotional bonding. This is usually enough time to create a topic for discussion or an enactment with the family.

Important transcultural issues of hug therapy are those that may govern public touch between spouses or values related to touching in front of strangers or children. The counselor can emphasize that this touch is not meant to be sexual in nature and is only used as a means of providing nurturing.

Homework assignments are an important factor in counseling with a transcultural perspective. Various cultures have a preferred mode of activity that lies in their "doing" realm (Ho, 1987). Giving homework assignments often taps into this preferred mode of activity and helps motivate the family to continue therapeutic gains outside of the therapy session. Homework assignments can range from having various subsystems spend more time together in an activity of their choice as a way of supporting or diffusing appropriate boundaries to establishing guidelines for conducting family meetings. Some cultures may view homework assignments as an aspect of the counselor's professional and expert duty to prescribe treatments that will help the family improve.

Teaching families to hold *family meetings* is another technique that works well transculturally. Family meetings are periods of time during the week when the family gets together to talk about problems and make important decisions regarding family functioning or parent–child limits. The meetings last for a preestablished amount of time, dictated by the family, and all business must be conducted during this time frame. Agendas can be determined by any method agreed on by the family. Issues such as family outings, household responsibilities, and children's privileges can be discussed. Any topic not addressed because of the time constraint could be tabled until the next family meeting. Emergency family meetings can be called through an agreed-on fashion. When teaching the family about family meetings, the counselor should help set up the initial guidelines to model compromise and timing and ensure fairness within the meeting. It is suggested that when there are not any major issues to be addressed, or the issues only take a short amount of time, that the family spends their family meeting playing games or doing something else that requires interaction (watching television is not a suggested option).

Family meetings are important in that they support strong family interaction and often improve communication and negotiation skills. They are also a good medium for families to accomplish homework assignments given by the counselor. They tie into many families' wishes to spend more time together and support use of learning after therapy sessions.

Reframing or *relabeling* has been used in many forms of therapy and is said to have its roots in the Adlerian school of therapy and in Haley's and Minuchin's work. Reframing is the process of redefining perceived negative behaviors into more positive, desired ones. The counselor frames a behavior as being different and more positive, thus changing the family's worldview of the previously perceived negative behavior (Sherman & Fredman, 1986). For example, a father's perception that his son is stubborn could be reframed by the counselor as behavior indicating that the son is tenacious and loyal to his own beliefs.

Ho (1987) said that reframing is extremely useful when working with minority and ethnic families who are suffering from cultural conflicts. Through a process of helping culturally different families view newly perceived undesirable behavior in a more favorable light, the family is able to feel better about each other and move away from blaming a problem directly on a specific individual. Reframing can help families cross cultural boundaries if negative behaviors can be viewed more appropriately as being within the family's cultural heritage.

Some important rules of thumb to incorporate into transcultural family counseling are borrowed from Giordano and Giordano (1995):

- Assess the importance of ethnicity to clients and families
- Validate and strengthen ethnic identity within the family
- Be aware of and use the client's support systems
- Serve as a "culture broker"
- Be aware of "cultural camouflage" that can be used to resist change
- Know that there are both advantages and disadvantages in being from the same cultural group as your clients
- Know that you do not have to be an expert about other ethnic groups, but recognize your strengths and limitations in providing an ethnic-sensitive perspective
- Avoid polarization by thinking in categories that allow for at least three differing viewpoints

CONCLUSION

Transcultural family counseling has its roots in traditional family counseling theories. Every family therapy theory may have something to offer counselors working with culturally different families, but I believe that the structural, intergenerational, and experiential family therapy schools provide excellent frameworks and techniques for working with families with varied cultural backgrounds.

The best use of these theories would be to combine them. The counselor should understand the important role of change; as Ho (1987) quoted Bowen, the counselor should be a "culture broker." Structural family therapy, with an emphasis on the joining process, should be used as the initial phase of therapy. Intergenerational family therapy would be used as an important adjunct to the structural work and various techniques from this approach should be incorporated, especially when dealing with issues such as emotional cutoff, migration and acculturation issues, and where emphasis on family history is warranted. Experiential therapy is easily integrated into the other two with emphasis placed on the ability of the therapist to be a catalyst for change. Finally, multiple family therapy augments individual family therapy or other forms of therapy, especially when dealing with families struggling with homogeneous issues.

Transcultural family counseling can be viewed as an eclectic form of family therapy that adapts itself to the cultural differences within every family that seeks treatment. If families of different cultures are to receive quality treatment in the United States, family counselors must be responsible for developing skills to meet the needs of these families. Use of the information in this chapter is meant only as a starting point from which family counselors can begin to develop awareness and skills for treating culturally different families. The responsibility to provide quality mental health care will ultimately rest on the individual counselors who attempt to help families of all races, creeds, nationalities, and combinations thereof. I encourage counselors to consider the conclusion of this chapter as a challenge to gather more information and experience in the world of multicultural and transcultural counseling in order to obtain the "ethical ethnicity" required to treat families of different cultures.

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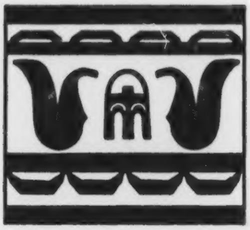

PART II

CULTURAL PARADIGMS

CHAPTER 6

REVISITING TRANSCULTURAL COUNSELING WITH AMERICAN INDIANS AND ALASKAN NATIVES: ISSUES FOR CONSIDERATION

JOHN JOSEPH PEREGOY

It is the primary goal of this chapter to present factors to consider when planning to provide a helping relationship in a transcultural setting with American Indians and Alaskan Natives. In pursuing this goal, I explore structural biases and myths as they affect the perception of the non-Indian counselor when working with the American Indian or Alaskan Native (henceforth, Indian/Native) client. Components of the American Indian's perception of mainstream America will also be explored through ethnographic interviews I conducted. This information is presented as a way to understand historical and contemporary issues that currently affect values and interaction in an increasingly multicultural world.

The first section focuses on conflicting definitions of Indian/Native governmental status. The second section presents gender issues, and the third section examines spiritual orientations, selected shared cultural value systems, and contemporary social issues. The fourth section provides a look at educational experiences and opportunities. The fifth section analyzes economic trends and challenges that have affected Indian/Native tribes since the beginning of the "contact era" and hold contemporary meaning in the Indian/Native worlds. With the preceding information in mind, the final section presents several culturally sensitive approaches for use in transcultural settings with Indian/Native clients.

WHO IS AN AMERICAN INDIAN?

American Indian is an ethnic descriptor that refers to all North American Native people, "including Indians, Alaskan Natives, Aleuts, Eskimos, and Metis, or mixed bloods" (LaFromboise & Graff Low, 1989, p. 115). The *Indian* part of this phrase finds its roots in a mistaken label assigned by a wayward sailor in 1492 (Trimble, 1981). In actuality, when contact was made in the "New World," there were numerous tribes of indigenous peoples throughout this "new" land. Estimates of the precontact population vary from 10 to 45 million according to some researchers to around 470,000 according to U.S. government estimates (Allen, 1986). The 1995 census reported approximately 2.21 million persons who described themselves as American Indians (U.S. Department of Commerce, 1995). This estimate is probably conservative because of the number of Indians/Natives who chose to "pass" (Goffman, 1963) on the census for personal reasons. *Passing* is a word Goffman used to describe the volitional action taken to conceal one's stigma with an unknowing public by a person who is discreditable. I estimate the number to be 2.8–3.1 million Indians/Natives.

Today in the United States there are 557 tribes recognized by the federal government; this number does not include the tribes that died out entirely during early contact times or the tribes that were terminated in the 1950s and 1960s through what some have called "cultural genocide" (Allen, 1986). Although government efforts have been extended in the recent past to minimize population growth (Dobyns, 1983), Indians/Natives are proportionally the fastest growing ethnic group in the United States (Herring, 1992).

About 625,136 Indian/Native people are 15 years of age or younger (U.S. Department of Commerce, 1992). This number represents an increase of approximately 36% from the 1980 census. The median age for American Indians is 22.9 years, for Alaskan

Natives it is 18 years, and for Whites it is 31.1 years (U.S. Congress, Office of Technology Assessment, 1986). At least 32% of the Indian/Native population is 15 years of age or younger; 41% of this population is 20 years of age or younger (U.S. Department of Commerce, 1992). On the basis of these statistical increases, it is projected that the population of Indians/Natives will likely double within the next 15 years.

Each tribe maintains its own unique customs, values, traditions, social organizations, spiritual beliefs and practices, and family and clan structures (LaFromboise & Graff Low, 1989). Tribes range from the very traditional, in which members speak their tribal language at home, to the mostly acculturated, whose members use English as their first language.

It is estimated that the year 2000 census will show that at least 67% of all Indians/Natives will live off the reservation. World War II, economic conditions, and government programs such as the Relocation Act of 1953 have contributed to the off-reservation movement (Burt, 1986). A population shift from the reservation to the city has resulted in an increase in intertribal and interethnic marriages. This diversity is also compounded by the fact that over 60% of all Indians are of mixed background, the result of intermarriages with Black, White, Latino, and Asian populations (Trimble & Fleming, 1989). These demographics show that the Indian/Native of today is not isolated in a reservation enclave but is rather a member of the general community (J. J. Peregoy, 1991).

Unlike other ethnic or minority groups, there are legal definitions tied for the most part to blood quantum for the Indian/Native. However, there is no single agreed-upon definition. Government services, either treaty-bound or legislated obligations, such as housing, medical and mental health services, educational programs funded under the Johnson O'Malley Act, and other services, are the reason legal definitions are needed. Although funding for these obligated services has risen over the years, it has not kept up with the population growth. Tremendous strains are being placed on the tribes and the federal government to provide adequate services.

The multiple definitions of *Indian* can be understood by examining three different governmental criteria. The Bureau of Indian Affairs (BIA), once under the Department of War and now under the Department of the Interior, defines an Indian/Native as a person whose blood quantum is at least one fourth. Any less than one fourth and the individual is not eligible for services from the BIA (Trimble, 1981).

The Department of Education, on the other hand, operates under a more liberal definition of Indian/Native. Its definition includes the following: tribal recognition, because some tribes do not subscribe to the one-fourth definition; a descendant in the first or second degree of someone who is a tribal member (child or grandchild of an enrolled member, referred to as descendent); someone who is considered by the Secretary of the Interior for any purpose; and an Eskimo, Aleut, or Alaskan Native (Indian Fellowship Program, 1989). Finally, one can view the drastic differences in the definition of Indian by considering the Bureau of the Census. It relies on self-identification, although census takers occasionally will attempt to verify information with neighbors. Trimble (1981) called this a "criteria more of a social–cultural affiliation rather than a legal, sanguinolent one" (p. 206).

The confusion of multiple definitions does not stop here. Some people, Indians/Natives or not, feel that if a person is not a full-blood, then the person is not Indian/Native. These differences in blood quantum and "Indianness" are based in "legalistic genetics," imposed largely from the outside and rooted in an Anglo-Saxon paradigm (Wax, Wax, & Dumont, 1989).

Indian/Native identity is not only a blood-quantum or lineage relationship but also, more specifically, a relationship of sociocultural affiliation, embedded in reciprocal recognition. Wilson (1992) pointed out that someone of mixed descent is no less than a full-blood if the person's heart and soul are intertwined with the Indian/Native community. It is clear that after more than 500 years of contact with European Americans, the Indians/Natives of today have survived with both a distinct identity and a commitment to their people. This survival has not come easily, but with much pain and consequence.

The median annual income for Indian/Native families is considerably lower and can range from less than $5,063 in Todd County, South Dakota, to a national median of $13,869 (M. J. Leneaugh, personal communication, June 16, 1997). This is in contrast to the national median income of $19,928. Twice as many Indians live below the national poverty level compared with the general U.S. population (May, 1988). The 1990 census data for housing show that only 252,585 persons over the age of 15 worked in full-time employment during the 1989 census year. The unemployment rate continues to be high among Indians/Natives, ranging from 27.5% in urban areas to more than 80% on some reservations (Neligh, 1990, p. 4). Suicide rates among young Indians/Natives are more than twice the national average for their age group (May, 1987). Alaskan Natives make up 15% of the population in Alaska, yet suicide rates among men between the ages of 20 and 24 years are more than 10 times the national average (Herring, 1992).

STRUCTURAL BIASES AND MYTHS

From the foregoing discussion, it is easy to surmise that diversity is the word that characterizes Indians and Natives. The concept of Indian itself is a myth built upon from the time of Christopher Columbus. The stereotype of the Indian in the general public's mind is the Plains Indian, dressed in buckskins and wearing a full headdress, with black hair and brown eyes, accented by high cheekbones. As intermarriage changes the gene pool, many Indians/Natives of today do not appear as others might expect. There are the blond-haired, blue-eyed Indians of the Northern Plains and the Black Indians of the Carolinas and Florida.

Viewing social intercourse from a symbolic interactionist perspective, one can look at meaning for the actors involved in an interchange. Sandy, an Assiniboine-Sioux in his mid-20s, spoke of how he saw himself: "I get these feelings sometimes. I hate to say it, . . . but sometimes I wish I wasn't Indian. But then again, I think about it, and I'm proud to be an Indian. I often wonder what it would be like to be White. I see myself as a young man. I'm aware that I'm Indian. I'm sure others are aware of it also."

This statement presents a view of the self in relation to the *other,* a generalized reference group—this group naturally being the White segment of U.S. society as a result of years of oppression and racism. Whites are held as a comparative group against which other groups can gauge their success as individuals or on a group-versus-group basis. By using a comparative group, one develops barriers that may hinder the development of skills for surviving and living in a multicultural world. These barriers are invisible, of course, but as real as walls when all segments of a society allow stereotypes and myths to create false realities.

Stereotypes of the Indian/Native as drunk, lazy, and stupid have proliferated around reservations and seeped into the general public's mind as another set of assumptions with which to view the Indian/Native. These stereotypes have been perpetuated and are portrayed in the media and the movies (Price, 1978). Even more so, these stereotypes are evidenced in interaction between groups, for example, by one group acting out in verbal or nonverbal performances or gesticulations. These actions can be words or phrases used to describe Indian/Native people or actions of exaggerated physical mockery. Violence is an extreme example of the consequence of stereotyping behavior.

An interesting phenomenon appears to take place with stereotyping and overt acts of prejudice: Non-Indians living on or near reservations are perceived to use stereotypes and practice discrimination more overtly than their contemporaries away from the reservation (J. J. Peregoy, 1993; Wax et al., 1989).

Gloria, an older Crow woman, talking about discrimination in a Native American studies class, said, "We kind of noticed [White] people who live close to the reservation, you know, around reservations, are more prejudiced than people farther away."

Although prejudice may be more overt on or near the reservations, it also becomes visible in the general community. Sandy, speaking of being in public and not being recognized physically as an Indian, has overheard several conversations riddled with racial slurs. At the heart of these slurs is the idea that Indian/Native people are dumb and as a result speak slowly. It seems that the oppressor does not consider that English may be a second language for many. Sandy told the story of being in a tavern one night when he overheard a conversation.

> This one girl was talking to a guy one night. And she said something in a real slow, deep voice. And he said, "Come on now, cut that out, you sound like a fucking Indian." And he looked at me, and he didn't know I was Indian at that time. I just thought, God, what an ignorant fucker. I just let it go. I guessed he was from a reservation. The worst ones are from reservations.

For the Indian/Native, it is easier to pass off an offensive or blatantly racial slur if it can be placed in an acceptable context (J. J. Peregoy, 1991). The context Sandy used was that the non-Indian male in this situation must have been from a reservation area. When the remarks are reframed and placed in an understandable context, the situation becomes less anxiety provoking.

Sandy's logic in reframing this exchange is based on this assumption: It is more likely that a non-Indian from a reservation area would be so irresponsible as to make such a comment. This is grounded in negotiated meaning and the belief that non-Indians living on or near reservations are more prejudiced than those who live outside reservation areas (J. J. Peregoy, 1991).

Here, self-dialogue is instrumental as a coping mechanism and provides an acceptable meaning to the interaction. This is an example of the negotiation of meaning through self-dialogue, or what Blumer (1969) referred to as *self-indication*.

On the flip side of this view of discrimination is the Indian/Native who returns to the reservation after earning a higher education. One who has left and returned with a degree may be viewed suspiciously in the community and considered an *"apple"*—red on the outside and turned white on the inside through the process of education. This appears to happen on reservations that are more traditional and rurally isolated. As one Native American woman related on the question of education, trust, and returning home after college,

> They think that when you're educated you turn into a White person. Yeah, and if you're . . . and they think that you're different and you'll use that [education] against them, and they don't trust you. "Yeah, she's White." They don't trust you after you finish your education.

These are just a few examples of how biases and myths operate in both the Indian/Native and White worlds. Biases and myths are a result of negotiated meaning regardless of whose world they are given social meaning in, because one world overlaps with another. Ultimately, they create barriers to communication and suspicion of the other.

Other myths regarding Indians/Natives exist in the non-Indian world. The following discussion highlights only a few of the more prevalent myths. The first is that all Indians receive monthly checks from the government. The second is an event that is shrouded in myth by both Indians/Natives and non-Indians alike; that is, the discovery of one's Indianness by the non-Indian other and the potential outcomes of that discovery. Finally, the third myth is what I refer to as the "expectation of genetic wisdom" (J. J. Peregoy, 1991).

The first myth to be explored is that all Indians/Natives receive checks from the federal government. Oh, if it were only true! Indians/Natives do not receive monthly checks from the government. Some Indians/Natives receive social services assistance, just as many other citizens receive such assistance. They may also receive social security benefits. Tribal members may receive per capita payments from their tribe. Per capita payments are like dividends paid to stockholders in corporate America. These payments are generally made once a year from money generated by the tribe through leasing of tribal lands or other income-generating endeavors. These payments are not necessarily large but can help pay some monthly bills.

Taxation is another question that has been washed with controversy and myth. Money made by individuals working in the free-market economy is taxable by the federal and state governments. Indians/Natives do pay income taxes. Land holdings through the Allotment Act are not taxable while the land is held in trust by the BIA. Once a parcel of allotted land is patented, it becomes taxable. The tribe generally gets the first crop or cutting of timber, or a portion thereof, which is another avenue for generating tribal general funds that are used for per capita payments to members of some tribes.

The second myth to be explored is that of discovery and the expectations of the other when finding out one is Indian/Native. Being "fingered" is being the object of public discovery, whether it has positive or negative connotations ascribed to it by the viewer. This discovery is not related to the effort one takes in passing and being found out in what Goffman (1963) referred to as "an embarrassing incident" (p. 75). Rather, being fingered refers to an individual who operates under the assumption that one's Indianness is known, when it is not. When discovery occurs, there is a recognition that a change in perception or action by the other may take place (J. J. Peregoy, 1991). This is not an unusual occurrence for the biracial individual who is not necessarily physically identifiable as a member of a racial or ethnic minority group.

Lori, a 22-year-old Assiniboin-Sioux, described her experience of being discovered by one of her classmates. While she was reading a book on American Indians, he asked, "Are you Indian?" Lori said, "Yeah, I am. You didn't know that?" He said, "I guess that's how well I know you." Lori continued about being fingered as an Indian/Native:

> With some people it's obvious, and with other people, they don't even pay attention. But I was just thinking there, when he asked—he asked the question, will that change our relationship? I hope not. But I also wonder about that because I am an Indian.

Fear of different treatment arises in the one who has been fingered or discovered. This concern is grounded in past changes in behavior by others who have made the discovery and operated under false myths and assumptions once discovery has been made. Another situation can arise when one is fingered as an Indian/Native. People make assumptions about one's knowledge and understanding about other Indian/Native tribes. I view this assumption on the non-Indian's part as grounded in an expectation of *genetic* wisdom—expecting the Indian/Native who has been fingered to be an expert in Indian/Native affairs and other realms with which he or she may have no experience or familiarity (J. J. Peregoy, 1991).

Jay, a Blackfeet Indian, shared with me his perception of discovery and being fingered:

> They [non-Indians/Natives] assumed that I knew everything about all Indians. And I don't know. . . . Like I said, some people assumed . . . because once people did discover I was Indian, that I should know everything about all Indians. But that was not the case. I still don't know. Like how could I know everything?

Two types of prejudice operate when unfamiliar groups are treated differently than one would treat another from the same group. These types of treatment are grounded in ignorance-based prejudice and status-based prejudice. Education can increase cultural knowledge, thereby increasing cultural literacy. However, new knowledge may not connect or modify a person's prejudice (either positive or negative toward a group of people other than one's primary group) when status-based prejudice is operating (Rouse & Hanson, 1991). Status-based prejudice is anchored in personal negative experience and driven by status politics. Status-based politics are those in which one "racial or ethnic group is competing with another for social and economic resources" (p. 5). This can be seen currently in the gaming industry. As a result of the 1988 Indian Gaming Regulatory Act, tribes can now set up gaming on reservation lands. Gaming operators such as Donald Trump and others are suing the government to stop these operations. (Gaming will be further addressed under the Economic Trends and Challenges section.) "Status-based prejudice is more resistant to change because of the social context of perceived competition as well as the emotional and often negative interactions of ethnic or racial groups" (Rouse & Hanson, p. 6).

Myths, assumptions, stereotypes, and prejudice interfere with open and honest communication. They become barriers to meaningful interaction between people, whether engaged in transcultural settings or in understanding people like themselves. When ethnicity and cultural identity are shrouded in myths held by another, meaningful interaction can be lost.

GENDER ISSUES IN INDIAN COUNTRY

Women in Indian country are affected by myths and stereotypes. These stereotypes are promulgated by the media, popular literature, and movies. The "Pocahontas perplex" (Green, 1976) is a dilemma for Indian women. There was a movement throughout the history of the United States to romanticize and villainize Indian/Native women. "In this movement from political symbolism (where the Indian woman defended America [in the early 1600s]) to psychosexual symbolism (where she defends or dies for White lovers), we can see part of the Indian woman's dilemma. To be 'good', she must defy her own people, exile herself from them, become White, and perhaps suffer death" (Green, 1976, p. 704).

This view of Indian/Native women can still be viewed in popular movies and novels. I invite the reader to peruse any popular bookstore and view the Old West fiction section. My guess is that you will find Indian/Native women on the covers of many of the books. They are scantily clad, buxom, and darker than White women, yet portrayed with stereotypical White features. This is a stereotype born 400 years ago, yet maintained and promoted by feeding into unrecognized assumptions.

The reality for Indian/Native women is much different than the whore–princess dichotomy of popular fable. Although there is a scarcity of information related to women in Indian country, studies that have been conducted have examined sex role orientation (Napholz, 1993) and stressful life events that have strained individuals' capacities to cope (Pearlin & Schooler, 1978; Silver & Wortman, 1980). Demographic data that are available strongly suggest that the health and mental health status of Indian/Native women is generally worse than their non-Indian counterpart. Impacts on health that have been identified include living under multiple oppressions, including being a woman, perhaps a single parent, living in poverty, and being a minority (Reynolds & Pope, 1991); lack of resources to meet daily survival needs (Smith, 1991); and barriers to adequate and culturally appropriate treatment services (J. J. Peregoy & Schliebner, 1998).

The health status of Indian/Native women is generally below that of White women in the United States. C. Everett Koop, the former Surgeon General, stated in 1992 that Indian/Native women were at risk for lupus and heart disease and elderly women were at risk for tuberculosis, pneumonia, and malnutrition. The number of deaths from liver and kidney disease are higher than for non-Indians. In part, the diseases Indians/Natives die from are directly related to social marginalization and the stresses of poverty.

Even with the current effects of historical oppression, Indian/Native women have maintained their roles and rekindled their places of leadership in the realms of the political, social, and spiritual worlds. Stiener (1968) noted that despite the relocation programs of the early 1960s and 1970s, Indian/Native women assumed leadership roles in their new urban settings. "In large measure, the urbanization of large numbers of American Indians has resulted in their reclaiming their traditions" (p. 224).

The effects of forced assimilation has had a breakdown of the complementary nature of female–male relations and a general increase of Indian/Native male control over women. Women held many complementary positions in the tribes, as men did. When the White man colonized the New World, they imposed a male-dominated system, what Gunn Allen (1992) called "gynocide." Many activities that were practiced continued to be practiced, as well as roles of leadership and guidance of a tribe by women, only not publicly. Indian/Native women mirrored the movement of empowerment that was heralded in during the 1960s.

Mental health issues facing indigenous women of North America include the demands of living bicultural lifestyles and living away from family and extended family to realize higher education, or to apply that education in the urban settings that have a demand for particular skills and training. These are acculturative stressors. Although limited data exist concerning the rates of psychological needs for Indian/Native women, what does exist is information for the population as a whole, undifferentiated by sex. Neuroses, alcoholism, psychoses, and alcohol and other drug use/abuse are the most frequent psychological problems identified in the literature, accounting for 40% of all visits to Indian Health Service (IHS) Behavioral Health programs (LaFromboise, Trimble, & Mohatt, 1990). A 1988 report by IHS identified the top issues reported by women seeking psychological assistance. Issues presented at the time of intake included alcohol misuse in the family (82%), adult–child relationships (78%), grief reactions (77%), depression (76%), child management/abuse (72%), and marital conflict (72%; as cited in LaFromboise et al., 1990). Depression has been projected as a primary mental health concern in Indian country.

With the low use of mental health services, Indians/Natives often rely on their own coping skills. Some of these coping skills are dangerous, such as alcohol and other drug use/abuse, whereas others rooted in tradition and spirituality are helpful. Coping mechanisms used both on and off reservations include social support from family and community persons (J. J. Peregoy, 1991; Lafromboise et al., 1990), as well as the use of traditional healing practices, including prayer, sweat lodge ceremony, and other religious activities (J. J. Peregoy & Schliebner, 1998). LaFromboise et al. noted that women responded in a variety of ways to stressors. Coping responses varied from inaction to information seeking and problem solving, seeking community assistance (which is a culturally appropriate value in Indian country), as well as seeking formal support services.

Indian/Native women have chosen to define themselves politically, and this definition

> retains their basic racial and cultural identity but distinguishes women as a separate political force in tribal, racial, and cultural context. In other times, in other circumstances more congenial to womanhood and more cognizant of the proper place of Woman as creatrix and shaper of existence in the tribe and on earth, everyone knew that women played a separate and significant role in tribal reality. (Gunn Allen, 1992, p. 30)

SPIRITUAL ORIENTATIONS, VALUE SYSTEMS, AND SOCIAL ISSUES

The non-Indian/Native counselor may need to engage in a paradigm shift when working with the Indian/Native client, depending on the client's level of acculturation (Berry, Minde, & Mok, 1987; Sue & Sue, 1990) and Indian/Native identity (Atkinson, Morten, & Sue, 1993; Zitzow & Estes, 1981). This paradigm shift can be understood as paralleling the one required in shifting from an individual counseling approach to a systemic approach (Goldenberg & Goldenberg, 1991). The systemic approach views behavior not as individually motivated but as motivated through the interconnection with others. Rather than a Lockean approach (A causes B, which in turn causes C), the systemic approach takes into account the reciprocal effects of actions and changes in the entire system.

The traditional Indian/Native's system of life is intertwined with the tribe and extends further into a metaphysical belief system. These two systems, the worldly and the otherworldly, operate hand-in-hand on a daily basis. In essence, the interplay of these two systems creates a single, functioning system. Quite often, attention to both of these worlds is necessary to yield any long-lasting and effective changes for the client. Trimble and LaFromboise (1985) pointed out that this consideration is quite at odds with the individual orientation, personality-permanence, and the focus on self embodied in Western notions of therapy.

The worldview held by the Indian/Native sees "actions as linking what happens in the ritual performance, in the cosmos, in the spirit world, in human existence, and in the animal and vegetable life" (Courtney, 1986, p. 50). When the Indian/Native performs the proper ritual correctly, all of life and the universe is renewed and put into balance. Indian/Native religions can be described as *continuing* religions because they are not necessarily traced to a founder, like Jesus for Christianity or Buddha for Buddhism (American Indian Religious Freedom Act of 1979).

Indian/Native cultural values, grounded in a spiritual orientation, differ from the Western values that dominate mainstream society. Some of the most common values shared across tribes and identified in the literature include the family structure; giving, sharing, and cooperating; time orientation; and harmony with nature (DuBray, 1985; Ho, 1987; Sue & Sue, 1990; Thomason, 1991).

The Indian/Native family structure often includes an extended network system with parents, siblings, uncles, aunts, and cousins. These relationships are grounded in tradition and are developed through clans and social society relationships, depending on one's tribe of origin. This extended-family system provides a wide array of social supports for its members. There is also a cultural emphasis on keeping family matters within the family (Atkinson, Morten, & Sue, 1989). Mouseau (1975) characterized the Indian/Native family as an open-family, closed-community pattern. The function of the family as a resource network and as a structure for intervention or mental health delivery should not be overlooked (Attneave, 1982). Protocol within the family needs to be determined because specific people within the family system will have designated roles. The extended family can play an important role in intervention and treatment (Everett, Proctor, & Cartmell, 1983).

Giving, sharing, and cooperation are values that have their roots in hundreds of years of tradition. Sharing material wealth and oneself is at the core of being for the traditional Indian/Native. The family and group take precedence over the individual (Ho, 1987). This concept of collaterality extends to a worldview that holds that all people, animals, plants, and objects in nature have a place in the universe, creating a harmonious whole.

The value of sharing is captured in the practice of the *giveaway*. Material items are given away to honor others for assistance rendered, for achievements, or to acknowledge kinship ties. Momaday (1974) characterized the giveaway as a means of recycling the good of honored dead and showing respect for the living.

Indian/Native people have a time orientation based on the rhythms of nature. The importance of time is grounded in the immediate, not the future. Contrary to the myth that Indians/Natives have no concept of time, their concept of time is partially grounded in the "nature of traditional Indian/Native economies and the need to focus on daily survival, [and] it is also related to the worldview of events moving through a rhythmic, circular pattern" (Ho, 1987, p. 71).

The value orientation of harmony with nature stems from the recognition that human beings are only one part of the universe. In this universe, everything—plant, animal, and rock—has a living spirit and warrants respect. Many ceremonies and rituals recognize and express this respect through reverence to nature's forces in an effort to create balance between all spiritual beings. The concept of stewardship stems from this recognition that all of the universe is occupied by a variety of spiritual beings. The values presented are only a few of the values shared across tribes; for a more detailed look, see Courtney (1986), DuBray (1985), Everett et al. (1983), and Trimble and Fleming (1989).

These values and the historical and contemporary clashes that have developed with mainstream American values and society have led to the manifestation of a number of current social issues. Many social issues are at the forefront of concern in Indian/Native America, including unemployment, alcohol and substance abuse and its effects, education, economic development, and maintaining cultural integrity while working within the mainstream fabric of America, to mention only a few.

Alcohol and substance abuse is one of the major social issues affecting Indian/Native America today. Alcohol-related death rates for Indians/Natives have ranged from 4.3 to 5.5 times the national average (Gurnee, Vigil, Krill-Smith, & Crowley, 1990). Many Indian/Native deaths, including accidental death, homicides, and suicides, are attributed to alcohol and substance abuse (May, 1988). Nearly one third of all outpatient visits to Indian Public Health Services are related to alcohol or substance abuse or dependence (Sue & Sue, 1990).

A consequence of alcohol abuse is *fetal alcohol syndrome* (FAS) or *fetal alcohol effects.* If a mother consumes large amounts of alcohol during pregnancy, her child can suffer from neurosensory and developmental disabilities (Plaiser, 1989). Although FAS occurs in every cultural community and socioeconomic group, it varies by subpopulations. FAS is estimated to occur in the general population at approximately 1 in 750 births. A study conducted by May, Hymbaugh, Aase, and Samet (1983) found that the incidence ranged from 1.3 in 1,000 live births for the Navaho tribe to 10.3 in 1,000 live births for the Southwestern Plains tribes.

There are a variety of explanations for the high use of alcohol and substances among Indians/Natives. Berlin (1982) suggested that drinking provides a release of emotions that arise from boredom and frustration, allowing Indian/Native people to express emotions that are normally under control. Other theories point to alienation caused by cultural clashes between Indian/Native values and mainstream American values, ecological stressors, and socioeconomic variables, including education, status, and salary (Silk-Walker, Walker, & Kivlahan, 1988).

A relatively unrecognized issue of mainstream society in Indian/Native communities revolves around conditions affecting veterans. Approximately 12,500 Indians/Natives served during the Gulf War crisis. Many more served in Vietnam, Korea, World War I, and World War II. The Dine (Navajo) code talkers are probably the most famous of these soldiers. Indians/Natives have joined the service for a variety of reasons.

Posttraumatic stress disorder (PTSD) symptoms are often linked to the intensity and amount of combat an individual has experienced, for example, in the Vietnam war. This war represented to many Indians/Natives a tour of ambiguity and an examination of the racial aspects of the war. Anecdotal information provided to me by Indian/Native veterans included the expectation of White officers for these men to continually take point on reconnaissance missions. The justification for this was that Indian/Natives were great warriors with a sixth sense for ambush and other threatening situations (D. Foster, July 1997, personal communication). Duty assignments such as this were simply based on stereotypes and myths of the noble savage and great warrior.

Problems associated with PTSD include depression, flashbacks, nightmares, survivor guilt, heightened startle response, sleep disturbance, intrusive recollection, and symptomatic rages related to this disorder. These related symptoms of PTSD affect the individual, family, and community. They manifest themselves in alcohol and other drug use, inability to maintain employment, marital discord, and depression-related outcomes. Treatment and counseling prevention and intervention will be presented in the last section of this chapter.

EDUCATIONAL EXPERIENCES AND OPPORTUNITIES

The context of the Indian/Native experience in education can be found in the history and structural biases of Indian/Native–White relations. There are four recognized eras of this contact: genocide and warfare, assimilation, federal domination, and self-determination (O'Brien, 1989; Szasz, 1984).

During the early years of contact, from the 16th century to the 19th century, European American contact with indigenous peoples stemmed primarily from two influences. The first was the missionary movement, which was seen by Christians as the work of God saving the souls of the poor savages in America. The second influence, and probably the most significant, was that the missionary movement facilitated European American economic and political goals (Scheirbeck, Barlow, Misiszeck, McKee, & Patterson, 1976).

The French and Spanish switched from genocide and warfare to forced assimilation as a means to deal with the "Indian problem." Directed culture change became the ethos of Indian/Native–White relations during the missionary era (Szasz, 1984). This ethos carried over into the early and middle parts of this century. It is unclear in some minds whether forced assimilation of the Indian/Native in America today has ended (D. Lester, personal communication, June 1992).

The U.S. government embarked on a final series of efforts in the 1800s to "either exterminate them [Indian/Native peoples] as separate people or assimilate them forcibly into the general population" (Wax et al., 1989, p. 2). During this time, churches were cooperating with the federal government to achieve state goals of education and assimilation.

During the 19th century, the reservation system succeeded in breaking the power of sovereign tribal nations and brought them under control of the military and corrupt federal Indian agents (O'Brien, 1989). The reservation system, an extension of the Removal Act of 1830, forced Indians/Natives from homelands and relocated them in generally undesirable areas. This relocation included the surrender of independence by the tribes. It also induced surrender of control over Indian/Native education.

During the latter part of the 19th century, Indian/Native children were forcibly removed from their homes and essentially incarcerated in church-run boarding schools hundreds of miles from their families and cultures. The intent of the boarding schools was to strip Indian/Native children of their culture and turn them into Whites (Wax et al., 1989).

During this era of assimilation, the Dawes Act of 1887 divided reservations into quarter sections of land. These quarter sections, carved from communal holdings, were then redistributed to individual tribal members. The idea behind this redistribution of land was to change the Indian/Native from a communal savage to a civilized individualist (Wax et al., 1989).

The mission schools and boarding schools were replaced in the early part of this century by BIA schools. Criticisms of these schools were highlighted in the Meriam Report of 1928. This report concluded that boarding schools were "overcrowded, unsuited to Indian students in terms of work and study programs, deficient in health and food services, and excessively rigid in discipline" (Thompson, 1978, p. 5). Not until the Wheeler-Howard Act of 1934 were large numbers of Indians/Natives hired to work in the BIA educational system.

The era of Indian self-determination began in the early 1970s with the passage of the Indian Education Act of 1972. With this act and the Indian Self-Determination and Educational Assistance Act, Indian/Native people regained the opportunity to shape their children's futures and provide direction and leadership for them (Sahmaunt, 1973).

Many tribes have since responded by establishing tribally controlled community colleges. The mission of these colleges is to help the tribes with cultural preservation, to assist local tribal members in addressing educational and economic development needs, and to provide for training for the tribes. There are now 23 tribally controlled community colleges across the United States.

Joe McDonald (personal communication, July 1992), president of the Salish Kootenai College on the Flathead Reservation, has indicated that the community colleges have also touched an unserved segment of the reservation population. This segment is composed of those students who, because of finances, cultural conflict or discontinuity, academic integration, or lack of adequate precollege preparation, have dropped out of 4-year institutions and moved home.

During the 1970s, the number of college-age (18–24 years) Indians/Natives more than doubled. By 1980, 60% of the Indians/Natives in this age group had graduated from high school. This was a 9% increase over the high school graduation statistics in 1970 (Fries, 1987). Only 6% of the Indian/Native population (ages 25 years and older) were college graduates during the period from 1971 to 1981. During this same period, Whites had a 23% graduation rate and Blacks a 12% graduation rate (Astin, 1982).

Although the Indian/Native population is proportionally the fastest growing minority population, there has not been an appreciable increase in graduate degrees earned by Indians/Natives. The number of doctoral degrees conferred on Indians/Natives in 1975–1976 was 93; in 1978–1979 there were 104; and in 1980–1981, 130 (Fries, 1987). In 1991, only 128 doctoral degrees were conferred on Indians/Natives (Leatherman, 1992).

Wax et al. (1989) pointed out that reservation schools have less access to finances needed to adequately equip and pay teachers. High turnover rates for teachers in reservation schools disrupt continuity in the educational system. Perspectives of Indian/Native people about the educational system's commitment to Indian/Native education can influence parental support for the educational process (J. J. Peregoy, 1991). One Indian/Native woman, Gloria, spoke about how she viewed the school system on the reservation:

> And the school systems [here, away from the reservation], they're willing to help Indian students a lot. But back home, they'd rather just put them back, so they wouldn't have to be bothered with them. That's how they deal with the Indian kids back home.

Finances are the number-one barrier to higher education for Indian/Native students. This barrier, with a shift in current federal financial aid policies from grants to loans, will have a dramatic effect on the ability of Indian/Native students to attend colleges away from home and complete a baccalaureate degree in the traditional 4 years.

Despite the structural biases in Indian/Native education, more children are going to school, and more adolescents are graduating from high school. With national trends toward the recognition and appreciation of diversity and the inclusion of culturally appropriate teaching methods, advancement in educational attainment for Indians/Natives cannot be far behind. The tribally controlled community colleges will have an appreciable impact on transfer students to 4-year colleges. This impact will be realized by an increase in graduation rates for Indian/Native students.

ECONOMIC TRENDS AND CHALLENGES

Reservation areas are generally isolated and have been said to be long on scenery and short on resources. This isolation, in tandem with government dependency, hindered early economic development. In an interview in June 1992, Don Whorton, a lawyer with the Native American Rights Fund in Boulder, Colorado, stated:

> Clearly, Indian country has been left out of what the dominant majority culture calls economic development. Not only have Indians/Natives been left out of it, they were excluded from it, institutionally, legally, and as a matter of dominant cultural practice. . . . This was done by the majority culture by viewing Indians/Natives not as people, but seeing them in terms of their natural resources.

In 1983, under the Reagan administration, funds to reservations were cut by 22%, from 3.4 to 2.7 billion dollars (Rawlinson & Heiser, 1983). This cut in economic assistance lent further momentum to the movement of tribes toward self-determination and away from federal dependency.

An analysis of economic trends in Indian/Native country is no simple task. Economic development is intertwined with structural barriers in the form of cultural values, federal legislation, law, and myth. Overcoming these barriers to economic development requires a "creative process which melds politics, financial packaging, and hard nose negotiations" (Rawlinson & Heiser, 1983).

Resources on reservations vary by location. There are generally three types of resources: nonrenewable resources, such as oil, coal, and other minerals; renewable resources, such as agriculture, fisheries, and timber; and human resources. Without economic development on the reservations, money will continue to flow out, and no returns will be realized in the community. This can be understood by viewing the reservation community as a system that has little business or industry. For example, when tribal members shop for food, the money they turn over is outside the system. There are few turnovers within the system. An economic system like this is riddled with economic leakage, which contributes itself to high unemployment rates.

When planning for economic development, the tribes have to look at some basic questions (D. Lester, personal communication, June 15, 1992): What are the short- and long-term benefits to tribal members? What are the social and cultural influences going to be today and tomorrow? How will this economic development affect our cultural fabric as a people? And finally, how will this development affect surrounding towns? In the case of exploiting renewable or nonrenewable resources, the questions need to be asked: Where will the revenues go? Will they be paid back in per capita payments or reinvested in the tribe?

The Ak Chin Pueblo, 30 miles south of Phoenix, Arizona, is one tribe that has assessed itself, its needs, and its opportunities. The process this tribe went through was to analyze its strengths, its history, and its future. In so doing, the tribe committed itself to economic development in the form of agriculture. The BIA said that the project would fail and did not provide any assistance (Rawlinson & Heiser, 1983).

At Ak Chin, the tribe grew cotton as its main crop. From 1962 to 1983, the tribe focused its development efforts on this agricultural endeavor. By 1982, the tribe's unemployment rate was only 2.5%. Tribal employees are required to commit 200 hours of labor a month. In exchange, not only do they receive a paycheck, but also their housing expenses are covered and paid vacations are provided (Rawlinson & Heiser, 1983).

This tribal economic endeavor was initiated by the tribe for the tribe. It appears that successful economic development in

Indian country comes from the tribes themselves and is not imposed from the outside by trendy government programs.

Another successful tribal enterprise is the Chata Development Company, created in 1969 by the Choctaw Nation in Mississippi. By the late 1980s, the Choctaw industrial park had 300,000 square feet of industrial manufacturing space housing six separate plants and employing over 1,000 people. Chata Enterprises supplies General Motors Corporation with electrical harnesses and has a higher acceptance rate of its product than all other manufacturers of the same product (O'Brien, 1989).

Chata Enterprises, the third-largest greeting card production company in the world in terms of volume, began operating in 1982 (O'Brien, 1989). This endeavor was funded by industrial revenue bonds issued by the city of Philadelphia, Mississippi. Philadelphia had to be the issuing authority because the law does not allow tribes to issue bonds (Rawlinson & Heiser, 1983). This is an example of the creative financing needed for economic development on reservations. It also shows the importance of reinvesting profits back into tribal development efforts.

In 1988, the tribe completed the Choctaw Shopping Center, a tribally owned development (O'Brien, 1989). With the opening of this development, tribal members had a choice of where to shop and gained added control over the outflow or economic leakage from their reservation. These are only two examples of tribes that have been successful. Other tribes have also been successful, while others have failed drastically.

Successful tribes share some common elements. First and foremost is reinvestment of capital gains into tribal development. Another influencing factor for success is a tribal commitment to success. Management skills are another necessary factor in economic development. Managers are sought after because of a proven track record and have typically been non-Indians/Natives. This will change in Indian country as more young people study business and finance.

One of the major trends in economic development is gaming on reservation lands. The path to gaming on tribal lands is shrouded in federal legislation and state cooperation. Federal law allows bingo (a Class II designation) on reservations without limits and permits casino-style gaming (a Class III designation) on reservations in states that allow similar gaming off the reservation. This is only allowed after the tribe and the state have negotiated a compact allowing gaming (Rawson, 1992).

The Indian Gaming Regulatory Act (IGRA) of 1988 is federal legislation that provides the process tribes need to gain gaming privileges on reservation lands. The act intends Indian/Native gaming "as a means of promoting economic development, self-sufficiency and strong Tribal government" (Minnesota Indian Gaming Association, 1992). IGRA holds regulatory authority over Class III games, which include blackjack, baccarat, slot machines, and electronic facsimiles of any game of chance.

R. M. Peregoy (1992) summarized the requirements of instituting Class III games on reservation lands: It begins with a negotiated state–tribal compact with the state negotiating in good faith to enter into a compact and not taxing gaming enterprises or refusing to negotiate a compact because it cannot tax the tribe. The burden of proof is on the state to establish good faith; if the court finds the state did not negotiate in good faith, the court can order a compact within 60 days.

These requirements are control issues hampering economic development on reservation lands. Gaming as a form of economic development, like other economic development efforts on reservation lands, requires political action and creative financing. One of the structural biases pointed out by Giago (1992) is the reluctance of state governments to extend the same government-to-government relation to tribes that they extend to the federal government and other state governments.

The benefits of Indian/Native gaming are multidimensional. A recent study of economic benefits of tribal gaming in Minnesota (Minnesota Indian Gaming Association, 1992) pointed to six major benefits to the tribes and to the state: increased tribal revenues to support Indian/Native government services; economic development and self-sufficiency; increased jobs and employment; reduced public-assistance expenditures; increased jobs from secondary spending and construction; and increased out-of-state visitor spending in Minnesota.

This study documents that tribal gaming in Minnesota has produced 4,700 new jobs, some in remote rural areas. "Of these jobs, Indians/Natives hold approximately 20% of the new jobs and non-Indians/Natives have benefited from 80% of the new jobs" (Minnesota Indian Gaming Association, 1992, p. 2). In addition, public assistance in the form of Aid to Families With Dependent Children decreased 16% in four nonurban counties containing major tribal gaming operations. This is a significant decrease when compared with the state of Minnesota as a whole, which had an overall increase of 15% during the study period between 1987 and 1991 (Minnesota Indian Gaming Association, 1992).

Within Indian/Native America, a developmental process is taking place that lends itself to a growing sophistication in economic development, self-sufficiency, and tribal government. This sophistication is supported by education of Indian/Native youths, the growth and understanding of tribal leadership, and the involvement of tribal members in all aspects of economic development. Economic development is not a separate entity from the tribe, its cultural values, or its history or future, but rather a component, a part of the universe, to be dealt with on a conscious basis for today and tomorrow.

TRANSCULTURAL COUNSELING WITH INDIANS/NATIVES

The goal of transcultural counseling with Indians/Natives is to create a dialogue of growth within individual clients and their communities and across mainstream cultures. Embedded in this goal is a respect for culturally specific indigenous value systems that interact and transcend dominant cultural values. The operative concept in transcultural counseling is the intent of creating balance, or helping the client develop bicultural skills in a necessarily multicultural world.

To accomplish this task, the counselor needs to develop an open-mindedness toward the client's worldview (Ibrahim, 1991; Pedersen, Fukuyama, & Heath, 1989). Worldview serves as the backdrop for the collage of identity (Sanford & Donovan, 1984) one develops, grounded in the individual, group, and universal levels of human behavior. The identity collage, with varying components being salient and dependent on the environment and stimulus of the time, is dynamic. Identity influences the processes of interpersonal communication and one's ability to send and receive messages accurately. The complexities of verbal and nonverbal communication and their appropriateness in the counseling relationship go beyond context to include cultural communication styles anchored in worldviews (Ibrahim & Kahn, 1987).

Thomason (1991) described the shared worldviews of the Indian/Native perspective of health. In this description, the need for balance in all domains of the individual's life, social and community, spiritual, and right living are considered components of a whole that cannot be divided into its parts. This relates to the earlier discussion in this chapter on spiritual orientations.

A traditional client who seeks assistance from an indigenous healer looks to the healer to identify the cause of the problem and work the cures. Part of ritual ceremonies may involve members of the family and community taking an active role. This type of intervention is generally contrary to Western techniques and interventions of psychotherapy.

Indians/Natives are affected by several cultures. Thus, to rigidly classify them would establish yet another prejudicial system and contribute to a variation of oppression (J. J. Peregoy, 1991). Several studies have indicated that Indian/Native clients are looking for someone who understands the practical aspects of tribal culture and can give sound advice about their lives (Dauphinais, Dauphinais, & Rowe, 1981). Peregoy concluded that although cultural similarity of the therapist was not necessary, potential Indian/Native clients preferred a therapist who possessed a general awareness of Indian–White relations, some specific tribal knowledge, and an understanding of Indian/Native family relationships. Respondents in this study indicated that they wanted a therapist who was culturally sensitive.

The initial interview is key to developing the therapeutic alliance and establishing rapport with Indian/Native clients. This is where the counselor establishes credibility and trustworthiness. More traditional clients may view the counselor as an elder, expecting the counselor to speak more than they do. It is suggested that the counselor briefly discuss the counseling process and confidentiality of the relationship and give an example of a typical session.

This discussion achieves several things. First, it provides clients with an understanding of the counseling process, which they may have had no contact with before. Second, it highlights the importance of confidentiality, which may enhance clients' trust in the relationship. Third, it indicates to clients what their expected role in therapy might be.

It is important to bring the Indian/Native client into the counseling relationship. Early in the counseling relationship, the counselor may make the client more comfortable by practicing or modeling some self-disclosure and indicating the desire for reciprocity (LaFromboise & Bigfoot, 1988). The client should not be pushed to make self-disclosures or assume a familiarity that perhaps is not there.

Considerable time should be spent being with the client. That is to say, time needs to be spent formulating the problem or issue from the client's perspective and within the context of the client's worldview. Simultaneously, the counselor needs to assess the client's level of acculturation (LaFromboise et al., 1990; J. J. Peregoy & Chapman, 1989) and position within the minority identity development model (Atkinson et al., 1993). This will help the counselor understand the issues and tasks the client may be facing. Soliciting the client to assist in the definition of the problem and to provide input for establishing counseling goals may increase comfort levels during the early stages of counseling. The therapeutic problem, when defined through cognitive and behavioral assessment, would involve exploring the client's thoughts or self-talk and cues or reinforcements for the undesired behavior or thoughts.

Arredondo (1986) proposed a systematic model for working with refugees that is also applicable to working with Indian/Native clients. This model is holistic and encompasses six dimensions of the client's life: the historical era, sociopolitical factors, sociocultural factors, individual variables, developmental tasks, and esteem and identity themes.

By using these six dimensions and combining them with social–cognitive interventions, the counselor will be using a framework that is considered less culturally biased than other theoretical approaches (LaFromboise & Rowe, 1983). This approach is considered less biased because it recognizes the impact of culture on personal and environmental variables and allows each culture to define its own appropriate behaviors or targets for intervention. It is culturally sensitive in that it provides for the differences across tribes.

Included in social–cognitive interventions is an examination of the belief systems associated with target behaviors; in so doing they have heuristic appeal for accommodating cultural values and expectations (LaFromboise & Bigfoot, 1988). Group skills training with Indians/Natives has been used as an effective means for teaching new behaviors and skills (LaFromboise & Bigfoot, 1988). Group work using social–cognitive interventions has been particularly effective with Indians/Natives because it reduces the emphasis on individual disclosure, which is difficult for some Indians, and introduces collective responsibility (LaFromboise & Graff Low, 1989). Because a collective approach is characteristic of some tribes, this may be a very culturally appropriate intervention.

Cognitive therapies differ from the disease model of psychopathology. Cognitive therapies maintain that most psychological problems are learned within a social milieu and continue through cognitive reinforcement (Meichenbaum, 1977). LaFromboise and Graff Low (1989) pointed out that when working with Indian/Native clients, the therapist must be aware of the influence the dominant culture may have on a client's self-depreciating beliefs.

Likewise, beliefs that are irrational by standards of the dominant culture may be perfectly legitimate given the course of Indian–White relations or within the specific cultural context (LaFromboise et al., 1990). For example, mistrust of the educational system and even counseling may be rooted in historical mistrust based on past assimilationist policy (Locust, 1988).

The counseling goal then would be to influence the client to change his or her irrational thoughts, internal dialogue, and negative self-assessments. This goal would be facilitated by self-monitoring, behavior change, and social validation. These could be accomplished by using social skills training and rehearsal of potentially stressful events. In addition, positive self-affirmations can be used after defeating self-statements are recorded in a daily log.

Another culturally appropriate technique is the use of guided imagery. For example, an Indian/Native woman comes to the counseling center with presenting concerns related to her self-concept. The counselor may want to use guided imagery techniques to have the client visualize herself as she perceives herself to be, and then have her visualize how she would ideally like to be. Once this is done, the client then develops steps with the assistance of the counselor to work toward the goal of how she would like to perceive herself in the future.

The strategies presented here are not intended to replace Indian behaviors with mainstream behaviors unless this is what the client desires, nor is the suggestion of using cognitive–behavior therapy as a replacement for other therapeutic processes intended to deny the credibility of other theories. Cognitive–behavioral interventions are presented as a means of enhancing the Indian/Native's repertoire of coping options.

This section has presented social–cognitive interventions as culturally sensitive interventions. Along with social–cognitive interventions, guided imagery was also presented as a culturally sensitive technique to use with the Indian/Native client. The importance of bringing the client in early in the counseling relationship was underscored.

CONCLUSION

This chapter has presented factors to consider when engaging in a helping relationship in a transcultural setting with American Indians or Alaskan Natives. In view of the diversity of the different federally recognized tribes and the socioeconomic status of urban and rural Indians/Natives, any discussion of therapy runs the risk of overgeneralizing or developing another set of stereotypes. However, there are shared elements in the lives of Indians/Natives. These include structural biases and myths that were presented and that operate in both the Indian/Native world and mainstream society. These myths serve to create barriers to communication and to perception of the other. Furthermore, structural biases are an impediment to self-determination.

Value differences were provided to stimulate counselors to think about what assumptions they may operate under and to give a glimpse into the Indian/Native worldview. Social issues were presented that revolve around economic development and the maintenance of cultural integrity in a necessarily multicultural world. Tribally controlled community colleges were mentioned as one avenue in Indian country to contribute to cultural preservation and community education. David Lester, executive director for the Council of Energy Resource Tribe, summed up the self-determination of Indian peoples succinctly in an interview I had with him on June 12, 1992:

> We're not the vanishing American—the reservations are not halfway houses for assimilation or extermination. Indians/Natives are an integral part of 20th century America. As long as there are human beings in the Western Hemisphere, we're going to have Indian people governing themselves, making their own decisions for their own future.

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CHAPTER 7

TRANSCULTURAL COUNSELING FOR AFRICAN AMERICANS REVISITED

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African Americans are currently the largest ethnic minority group in North America. Their impact on the history of the United States has been unmistakable. Although African Americans are a highly diverse group in terms of physical appearance, geographical preference, and socioeconomic status, they are still a culturally distinct group bound by ideological unity and a functional system of values and beliefs. Their cultural ethos and worldview are inextricably woven together to give meaning and order to both their historical and contemporary experiences, and an appreciation of these cultural elements is a prerequisite to understanding and interpreting their patterns of behavior (Butler, 1992).

African Americans have historically been underserved by traditional counseling programs. Several reasons have been suggested for this gap in service. Among these are poverty, lack of accessible facilities, lack of awareness of service facilities or their purpose, and the absence of culturally acceptable treatment models (Dillard, 1983). Acceptable treatment models are those that recognize the African American worldview, behavioral and lifestyle patterns, and coping and problem-solving methods.

This chapter represents a discussion of fundamental African American social characteristics in their historical and contemporary contexts as they pertain to effective transcultural counseling interventions. The principal objective of the chapter is to increase practitioners' awareness and understanding of the core elements of African American culture as they relate to the practice of counseling and psychotherapy in both remedial and preventive modalities.

VALUE SYSTEMS AND SOCIAL ISSUES

WORLDVIEW

The historical experience of African Americans has generally been characterized and described in terms of interactions and responses to interactions with European Americans and in terms of their own internal dynamics, both as individual personalities and as a group (Butler, 1992, p. 25). Despite massive assaults on their humanity, consistent psychological disorientation, and horrendous levels of social and economic deprivation, African Americans have remained resilient and have clung to their cultural heritage. Traditional norms have remained, sometimes intact and sometimes in reinterpreted forms, but the core elements of African American culture and their African antecedents still persist. This is particularly significant because most African Americans found their way to the western hemisphere through the diaspora as chattel property, totally stripped of humanity.

As Nobles (1972) stated, African Americans derive their most fundamental self-definitions from several cultural and philosophical premises shared with most West African "tribes" (p. 23). White, Parham, and Parham (1980) discussed several elements of African American culture that are indicative of the African frame of reference. These include the oral transmission of knowledge, emphasis on the group rather than the individual, and experiential rather than numerical time. Woodson (1968) cited antecedent cultural elements such as folklore, adult–child relationships, sense of justice, and hospitality.

The worldview of African Americans represents their general design for living and patterns for interpreting reality. It is how they make sense of their world and their experiences as it determines which events are meaningful and which are not. Worldview provides the process by which those events are made harmonious with their lives. More accurately, the African American worldview might best be conceived of as an ideological perspective determined by history (Asante, 1988).

Perhaps the most important aspect of the African American ontology is the notion of interrelationship between all elements of the universe—a synthesis of the self, the phenomenal world, and the spiritual world. There is less emphasis on individualism and personal competition and more on community. Accordingly, behaviors often characterized as dependent by Western psychology are not viewed as deficits, and interdependence is prized.

The worldview of African Americans is manifested not only in how they think but also in how they behave, how they speak, and how they make decisions. Understanding this worldview is essential for proper diagnosis, case conceptualization, and treatment response.

COGNITIVE AND BEHAVIORAL STYLES

The African American worldview is made apparent in language, symbols, values, ideals, and the behaviors and behavioral styles of the people. Behavioral styles represent consistent approaches to the organization of human experiences and to the use of the environment. The work of Hilliard (1976) suggests two basic styles characteristic of contemporary North American culture: atomistic–objective and synthetic–personal. Although the work of Hillard focused primarily on high-achieving African American children, his findings seem to generalize well to the African American population as a whole.

The atomistic–objective behavioral style is one in which habitual patterns of approach to experiences involve an attempt to break down the experience into component parts that can then be understood. The observer using this style perceives himself or herself as separate from the phenomena being observed. "These observers also manifest a preference for permanence, regularity, predictability and environmental control" (Hilliard, 1976, p. 31). The atomistic–objective behavioral style is similar in form and operation to the analytic–cognitive style described by Hale-Benson (1986). The atomistic–objective style is very characteristic of European Americans. However, neither the atomistic–objective behavioral style nor the analytic–cognitive style is a mode of information processing preferred by the majority of African Americans.

Users of the synthetic–personal style, on the other hand, tend to perceive themselves as "an integral part of the phenomena which are being observed" (Hilliard, 1976, p. 31). Accordingly, high value is placed on divergent experimentation, improvisation, and harmonious interaction with the environment. These individuals also tend to be relationship oriented (Akbar, 1981; Exum, 1979). The synthetic–personal style is very similar to the relational–cognitive style described by Hale-Benson (1986) and reflects many of the trends indicative of African American behavioral patterns described by Akbar (1981). Although various cognitive styles transcend cultural grouping to some degree, data from several sources suggest that the synthetic–personal behavioral style or the relational–cognitive style is characteristic of African Americans (Akbar, 1981; Cohen, 1971; Hale-Benson, 1986; Hilliard, 1974, 1976).

A summary of Hilliard's findings illustrates well several core elements of the African American worldview. Hilliard (1976, pp. 38–39) suggested that African Americans tend to prefer to respond to and with "gestalts" than with atomistic "things." There is an impatience with unnecessary specifics. To African Americans, it seems that the predominant pattern of mainstream Americans is the preoccupation with particulars, along with a concomitant loss of a sense of the whole.

- African Americans tend to prefer inferential reasoning to deductive reasoning.
- African Americans tend to prefer approximations over accuracy in minute detail.
- African Americans tend to prefer to focus on people and their activities rather than on things.
- African Americans tend to seek acceptance and integration with the environment.
- African Americans tend not to be world-bound.
- African Americans place great emphasis on nonverbal communication.
- African Americans tend to value style of presentation more highly than content.

Ironically, current American educational systems tend to be analytic, obsessive–compulsive, and essentially atomistic–objective (Exum, 1979, p. 315). As Butler (1992) noted, the extent to which educational systems are compatible with the African American cultural cosmology determines whether the systems will yield positive results (p. 47). The learning styles of any cultural group are an extension of its worldview and cultural ethos. In the case of African Americans, the relational learning style has been found to maximize the potential for academic success better than the less characteristic but more common traditional analytic style of the larger American culture. This fact has had grave consequences for many African American children and adults in many aspects of their social welfare (Butler, 1992, p. 47).

RACIAL AND ETHNIC IDENTITY DEVELOPMENT

In addition to the standard developmental tasks majority group members experience, ethnic minority group members in American society have the additional task of resolving their own levels of personal identification with their cultures of origin. Several authors have suggested that the successful development of a positive sense of self in African Americans involves progression through a sequential arrangement of three to six stages or phases (Atkinson, Morten, & Sue, 1980; Cross, 1971, 1991; Helms, 1986; Jackson, 1975; Parham, 1989a, 1989b, 1993; Phinney, 1989; E. Smith, 1991; C. Thomas, 1969). These are cognitive models that describe a transition from lack of awareness of racial or ethnic identity to full awareness, acceptance, and integration. The majority of current stage models are similar to Cross's (1971) original model. The following discussion uses this model as its conceptual framework.

Although there is some variation in the stage models that address identity formation in African Americans, most have the following stages: Pre-encounter, Encounter, Immersion/Emersion, and Internalization.

Most sources agree that the initial stage of development (*Pre-encounter*) is essentially conformist: outside the self and referenced toward others. Individuals at this level attempt to gain approval, sense of worth, money, power, and so forth by accepting and conforming to European American cultural and institutional standards, which require the rejection and devaluation of anything Black (Cross, 1971; Jackson, 1975). In the initial stages of development, the individual's worldview is dominated by European American beliefs and values. Hence, individuals in these stages are politically naive and usually distrust Black-controlled businesses and organizations. They have little understanding of the sociopolitical implications of race in America and prefer to think in terms of a color-blind society (Cross, 1971; Jackson, 1975). Preencounter individuals seem to place a premium on organizations and causes that ignore race or ethnicity. In a later revision of this stage, Cross (1991) added that individuals in this stage hold attitudes on race that range on a continuum from low salience in their lives to neutral to attitudes that are decidedly anti-Black.

The anti-Black behaviors associated with this stage are often used to support the "self-hate" hypothesis relating to African American collective personality. Researchers (Ausubel & Ausubel, 1967; Deutsch, 1967; Vontress, 1966, 1969, 1971) have suggested that African Americans viewed themselves with self-hatred, negative self-esteem, and self-deprecatory attitudes. This position is best illustrated by Vontress (1966), who stated that "the most significant component of Negro personality is his [her] self-hatred for being a member of a downtrodden group" (p. 210).

Kardiner and Ovesey's (1951) indictment of an entire ethnic population was based on a sample of 25 subjects, half of whom manifested symptoms of psychological pathology (A. Thomas & Sillen, 1974, p. 50); the empirical evidence for Vontress's (1966) conclusion remains unclear. It seems these findings were based on a decidedly nonmodal group. Perhaps these researchers sought to create a different understanding of, or at least sympathy for, African Americans by attributing the "plight of the Negro" to environmental factors rather than genetic deficits. Nonetheless, the conclusion that it is normal for African Americans to hate themselves is not accurate. This view is most probably the result of gross overgeneralization and failure to differentiate between deep-seated pathology and the transient episodes of self-deprecation that often accompany depression.

The second general stage (*Encounter*) in the development of positive African American identity and psychological maturity involves confrontation and active resistance to European American cultural values and orientations. It is the awakening process triggered by a critical incident that forces the individual to reconceptualize issues of race in American society. Cross (1971) suggested that both guilt and rage are dominant emotional states during this period of development. Guilt is the result of the individual's reflection on his or her former unquestioned embrace of European American culture and its underlying assumption of Black inferiority (Cross, 1971). Rage is experienced when the oppressive aspects of that culture are exposed.

In his 1991 revision, Cross described two steps in this stage: (a) experiencing the encounter and (b) personalizing the experience because of its power impact. He also noted that the experience need not be a negative one. It could result from learning about Black history for the first time. Regardless, the individual's initial reaction during the Encounter stage is at least confusion and very likely alarm.

Confrontation and rejection of European American culture is a confrontation as much with self as with external forces that have limited the development of an authentic self or facilitated a distorted perception of self. By removing all White influence, the African American is better able to identify these influences and their negative effects (Jackson, 1975).

In the third stage (*Immersion/Emersion*) of development, the attitudes of the immediately preceding stage (Encounter) move the individual to not only accept but also forcefully embrace his or her racial identity. Cross (1991) described this stage as "the most sensational aspect of Black identity development for it represents the vortex of psychological nigrescence" (p. 202).

The first phase of the third stage is called *immersion*, and zealotry is the dominant characteristic. This phase may be conceptualized as a primarily cathartic process of personality deconstruction that involves (a) an intense sustained effort to acquire and integrate as many signs of African-centered behavior as possible and (b) an equally intense effort to devoid oneself of as many signs of prior assimilation in "White" culture as possible. Cross (1991) noted that it is common in this phase for individuals to exhibit extreme concern for the expressed authenticity of their own (and others') Blackness. Sue and Sue (1990) suggested this may be a result of "the guilt and anger [the individual experienced] over being 'brainwashed' by White society" (p. 95). Cross called this preoccupation the "Blacker-than-Thou" syndrome. Client fixation at this phase may lead to ethnic encapsulation or even to identity consolidation at a lower level. Regardless, it will not ultimately lead to positive expressions or Africentirc identity. Accordingly, one of the major aspects of counseling some African American individuals will involve helping them successfully transition this phase.

European American counselors meeting African American clients while the clients are in this phase of identity formation are most likely to be threatened, least likely to be trusted, and most likely to be rejected. Thus, if these clients are students, they are then most likely to be punished or expelled from school. Because the special identity development needs of African American students are largely ignored, a great educational injustice continually recurs.

The second phase of the third stage is called *emersion* and is characterized by a redirection of the dichotomous logic and ethnocentrism of the first phase into creative, goal-directed, life-affirming Africentric activity. The phase involves consolidation of the newly developed sense of Black pride and identity as well as the search for strategies to maintain and deepen these feelings.

The fourth stage (*Internalization*) of African American identity formation involves Black people acknowledging both African and American influences in their development. The individual's Black identity becomes a natural part of everyday existence. Understanding of self and one's place in the world, eliminating racism and other forms of oppression, and helping other oppressed people in their quest for personal freedom are the dominant goals of African Americans occupying this stage of identity development (Atkinson et al., 1980). It is important to note that the new Black identity (Nigrescence) does not change the basic personality structure, but it does result in higher salience being given to Blackness in the individual's reference group identity (Cross, 1991).

The final stage (*Internalization/Commitment*) is a result of the 1991 revision of the earlier Cross (1971) model. It is similar to the fourth stage with sustained commitment to Black identity representing the defining criterion.

Not all African Americans experience this entire range of stages or, as Parham (1989b) noted, experience the range in the same order. Some do retain primary identification with Anglo-Saxon culture and values; others become fixated at one stage and then regress; but some African Americans are born into families that already function at the highest levels of racial identity development and presumably have no need to traverse the stages. However, the precise mechanisms that account for the latter case as well as the precise relationship between racial identity attitudes and the developmental tasks of adolescence and adulthood are still areas of study and debate.

A study by Plummer (1996) illustrates some of these issues. Plummer's study examined patterns of racial identity attitudes found in four life stages and demonstrated that patterns of scale endorsement differed across age groups. Endorsement of Preencounter and Encounter attitudes increased slightly during young adulthood, Immersion attitudes remained consistent during adolescence and young adulthood then decreased during middle adulthood, and Internalization attitudes decreased slightly during young adulthood and peaked in middle adulthood. The vast majority of adolescents in this study endorsed Internalization attitudes, the majority of young adults endorsed Encounter attitudes, and the majority of middle-aged adults endorsed Internalization attitudes. Accordingly, as African Americans age, they are less likely to endorse Immersion attitudes (Plummer, 1996, p. 174).

The finding that the adolescents in this study endorsed Internalization attitudes would be predicted by several authors but for different reasons. Parham (1989a, 1989b) and Phinney (1989) share the position that manifestations of Black identity during childhood and adolescence are most likely reflections of parental attitudes. However, Baldwin (1985) noted that it is possible for an adolescent to come from an environment in which he or she could have developed internalized attitudes of positive African self-consciousness beginning at birth.

The finding that young adults endorsed predominantly Encounter attitudes, however, seems to support the former hypothesis rather than the latter. Contemporary African American youths may hold inculcated Internalization attitudes because their self-perceptions may not be challenged until they leave home or enter the workforce. There may have been no opportunity for them to have experienced a critical incident until that time

At this point, there is still considerable discussion on the nature of healthy Black identity and the specific dynamics that facilitate its growth and development. The stage models, exemplified by Cross (1971, 1991) and described here, posit that African American identity development is a response to and a result of an individual's existence in an oppressive environment.

The phenomenological or epistemological models aligned with Nobles's (1972) delineation of the components of the Africentric worldview assert that Black identity is a natural evolutionary state of being that is not simply a reaction to Whites or the conditions of oppression and exploitation. The optimal conceptual system presented by Meyers (1988) represents a synthesis of both Cross's (1991) and Nobles's (1972) position in that Black identity development is posited as a proactive growth process in spite of oppression and not simply a reactionary defensive process. The focus of this chapter does not permit a more thorough discussion of the comparison of these models. The reader is encouraged to consult the full texts of Cross (1991), Meyers (1988), and Nobles (1972).

EDUCATIONAL EXPERIENCES AND OPPORTUNITIES

Educational experiences and opportunities for African American youths have yet to improve significantly, particularly in urban areas, for a variety of reasons, many of which are bureaucratic. A situation in the Oakland Unified School District illustrates many of these issues. There, African American students constitute approximately 53% of the student population and have the lowest grade point average, yet they represent 80% of all suspended students and 71% of all special education students. Currently, 64% of all students held back are African American (Fields, 1997). The conclusions of a task force formed to address these issues included using "Ebonics" as a bridge to standard English. A controversy erupted that was soon national in scope. Ebonics and its proper definition rather than the students themselves became the focus of the controversy. So while the controversy raged, the students' condition remained unchanged. This characterizes much of what is done or not done in the service of African American youths.

One of the most serious issues confronting American school systems in relation to the education of African Americans during the decade has been the declining social, economic, and educational status of young African American males (Garibaldi, 1992). Census data present alarming facts: 40% of young African American males in big cities drop out of high school in 1990 (U.S. Bureau of the Census, 1991), whereas in 1980 only 16% of African Americans dropped out of school (U.S. Bureau of the Census, 1981). In 1988, 60% of African Americans 15–24 years old lived in poverty, as did 25% of those 25–34 years old. Increasingly, young African

Americans are likely to come from single-parent homes. Nearly two out of every three African American children are now born to unwed mothers.

These statistics are alarming, but more disturbing is the impact these data have on teachers' and counselors' expectations for performance of young African American males. Garibaldi (1992) reported that in his survey of more than 2,250 African American males, 95% reported they expected to graduate from high school, but 40% reported they believed their teachers did not set high enough goals for them. When Garibaldi randomly surveyed 500 teachers and asked them whether their African American students would go to college, 6 of every 10 teachers said no. This is even more troubling because 60% of the teachers taught in elementary schools, 70% had 10 or more years of experience, and 65% of them were Black (Garibaldi, 1992, p. 7). Unfortunately, these results support the conclusions drawn from the teacher expectancy literature and confirm that no teacher is immune to holding negative, self-fulfilling prophecies about the children they teach (Garibaldi, 1992, p. 7). These results also support widely held opinion, which suggests that public education merely reflects the attitudes, values, and beliefs of the general population. Although African Americans have experienced increased gains in educational attainment, much more needs to be done.

RELIGIOUS AND SPIRITUAL INFLUENCES

Spirituality and religion are essential elements of the African American worldview. Although the majority of African Americans are Christians, the religious practices of African Americans still contain many elements of African spirituality, including the belief in the direct link between the natural and the supernatural, the significant ability of music to invoke the supernatural, the importance of human intervention in the supernatural world through possession and spiritual control, and the importance of participatory verbal performance (e.g., the call-and-response pattern; Jules-Rossette, 1980).

African American churches have always been more than houses of worship, and the African American minister has always been more than a preacher. The African American church has historically served as the spiritual, intellectual, and political focal point of the African American community, and ministers have traditionally served as teachers, counselors, and political activists. The role of the African American minister in the civil rights movement is well documented.

As Locke (1992) noted, African American churches are agents for the transmission of traditional values, for strengthening family ties, and for providing opportunities for African Americans to learn about and appreciate their own ancestry (p. 24). African American religious beliefs run the gamut from Baptist to Methodist, which are the largest denominations, to Roman Catholic, Seventh-Day Adventist, Holiness, Islamic, and Judaic. The influence of spirituality and the African American church is pervasive and enduring in all African American communities.

TRANSCULTURAL COUNSELING WITH AFRICAN AMERICAN WOMEN

Although most of the discussion to this point has dealt with issues that apply to both African American women and African American men, contemporary approaches to transcultural counseling should examine gender differences whenever they are apparent. One of the outcomes of failing to do this in the past is that counselors often conceptualize the African American female client inaccurately.

This is the result of the counselor taking a myopic viewpoint that does not place the client's problems in the context of the history of oppression, poverty and economic concerns, racism and prejudice, as well as sociopolitical factors (Locke, 1992). As a result, many of the clients leave the counseling event without receiving the maximum benefit of therapy. For the African American female client to receive the full benefit of therapy, the counselor must understand the intricacies of the African American experience and how they affect the counseling process. As Locke emphasized, multicultural counseling is at its best when the counselor can attend to both the individual characteristics and unique cultural background of the client.

African American women have a "unique angle of vision" because of the history of their existence in this country (Hill-Collins, 1991). Many of the progressive thinkers on the African American experience have written extensively on how the intersection of race, gender, and class shadows the way Black women encounter life (Giddings, 1984; Hill-Collins, 1991; Hooks, 1981; Robinson & Ward, 1991). It is no secret that people of color and women are both devalued in American society. The immutable characteristics of race and gender have social guidelines that define appropriate behavior. As a result, these roles carry their own set of unique and complex issues. In terms of race, Cross (1991) asserted that most African Americans go through a process of coming to understand the role race plays in their lives and their perception of self. Race is a central factor in most African Americans' lives. It is the lens through which people view the world. Unfortunately, that lens is dimly colored when there are constant reminders of obstacles based on race (i.e., media depictions of Black males, challenges to affirmative action, increase in hate crimes).

The negative treatment of people of color in American society causes African Americans to have to wrestle with what being Black means to them on a personal level. In addition, each individual has to build up defense mechanisms to help her or him cope with how negatively the Black race as a whole is perceived by society. From the perspective of gender, it is necessary in this society for members to decipher the messages that inform them of how they should behave as a male or a female. Successful social and professional working relationships depend on how competent one is in decoding the messages of these (most often unspoken) rules. It is also important to understand that in American society, there is a preference for masculine behavior. Those who are prosperous usually exhibit masculine traits such as assertiveness and individualism. However, it is preferred for males to have masculine behavior and females to have feminine behavior (Cook, 1987). Yet, the African American woman must take on more assertive characteristics to survive in her daily life.

Racism and sexism manifest in a variety of ways, and studies have pointed out the "double jeopardy" of being both Black and female. Thus, the African American woman is affected not only on an interpersonal but also on an occupational level (Beal, 1970; Bond & Perry, 1970; Evans & Herr, 1991). Obviously, race and gender bias in the workplace have direct implications for the socioeconomic status of African American women as a group, and there is a significant body of literature that discusses workplace issues in detail (Aldridge, 1989; Evans & Herr, 1991, 1994; Hackett & Byars, 1996).

It seems that as we discuss the African American woman's experience it is impossible to avoid the salience of work, career, and occupation and how that has historically influenced the self and societal perceptions of this population.

To be a transculturally competent counselor with African American female clients, one must be familiar with the sociopolitical history of this population, including slavery, the women's and civil rights movements, and participation in the labor force. Furthermore, the counselor must understand that these historical events have direct implications for how African American women experience life in the present day. The counselor must understand that he or she is responsible for analyzing the client's problem in a series of layers that take into account the "shadows of history."

GENERAL HISTORY OF AFRICAN AMERICAN WOMEN IN THE UNITED STATES: SLAVERY, WOMEN'S AND CIVIL RIGHTS MOVEMENTS

Paula Giddings (1984), Bell Hooks (1981), Gerda Lerner (1972), and Michelle Wright (1991), have all done extensive research on the cultural and political history of African American women in the United States. Their observations serve as the conceptual framework for the discussion to follow. Each covered slavery and the two major contemporary political movements: the women's rights movement and the civil rights movement. The two most prevalent themes throughout each of these literary works is the sexual exploitation of Black women and the resistance to the imposed circumstances of slave women.

The initial formulation of a societal perception of African American womanhood began with slavery. The characteristics of African American women today have been greatly affected by the experience of slavery (Wright, 1991). Even during slavery, the African American woman was performing conflicting roles. She washed and ironed clothes, spun cotton, nursed her children and the master's, and labored in the fields (Lerner, 1972).

Slave women were expected to be available to any White man with a desire. These women were the ones who kept the White woman safe and respected. Also, impregnating a slave women meant more slaves to sell for economic gain. Often times the White man's obsession with Black women resulted in her holding his affection. This forced type of caring was often confusing. As Lerner (1972) put it, "The web of attraction and repulsion, guilt and hatred, intimacy and exploitation caught up black and white in a complex dependency which impeded the acceptance of a multiracial society" (p. 47). African American women have endured being viewed only as objects of sexual pleasure since the beginning of their time in the United States.

It is important to note that there was strong resistance to the life circumstances of slavery. There were many ways that the male and female slaves resisted the oppression of their captors, but women had to have special strategies because of the different way they experienced slavery. For instance, the women resisted by using abortion and contraception techniques to regain control of their bodies. These techniques involved medicinal recipes that were brought over from Africa. Thus, the image of a strong and enduring woman began during slavery with the African American female dealing and coping with difficult circumstances in American society such as slavery (Wright, 1991).

Hooks (1981) focused on the African American woman's experience by speaking to the issues of racism, sexism, and feminism. She reflected on how the Black woman was overlooked in both the women's and the civil rights movements. Hooks captured her point in this quote:

> No other group in America has had their identity socialized out of existence as have black women. We are rarely recognized as a group separate and distinct from black men, or as a present part of a larger group "women" in this culture. When black people are talked about, sexism militates against the acknowledgment of the interests of black women; when women are talked about racism militates against a recognition of black female interests. When black people are talked about the focus tends to be on black men; and when women are talked about the focus tends to be white women. (p. 7)

In addition, Hooks acknowledged that White feminists romanticize the experience of African American women rather than look at the negative implications of their oppression. Hooks said that African American women take on the myth of the stereotypical "strong" Black woman ideal as a "new badge of black female glory" (p. 6). The perspective that Hooks explored most clearly emphasizes the intellectual turmoil of African American women who recognize that neither the women's nor the civil rights movement met her needs.

The specific problems and issues that confront African American women historically have not been addressed. It seems as though there has been a conspiracy of silence, or "benign neglect," whenever any mention is made of her concerns. Ironically, African American women themselves have been participants in the conspiracy to overlook their needs. Yet, their participation has been a matter of basic survival. Each battle for equality was seen as a significant move toward freeing the African American woman, although in reality, each struggle also moved her further from embracing her full existence.

AFRICAN AMERICAN WOMEN IN THE LABOR FORCE

Another salient theme throughout the literature on African American women focuses on issues surrounding work and career. Aldridge (1989) provided an historical analysis of the participation of the African American woman in the workforce, and the impact of racism and sexism on her career development path was addressed by Evans and Herr (1991).

Aldridge's (1989) investigation explored participation in the labor force, occupational distribution, and special problems pertaining to African American women in the workplace. Her findings show that African American women have been involved in the labor force since the beginning of their time in the United States. In 1980, 54% of African American women were in the labor force (U.S. Women's Bureau, 1972). Unlike their White counterparts, African American women have always been expected to work outside the home, because as a tradition, Black male workers have been paid less than White workers. The Black male's salary alone was usually not enough to support the family.

Because this economic reality has not substantially changed the percentage of women in the labor force has increased in recent years. It is interesting to note that African American women earn less than any other group in the labor force even though throughout history, African American women have been distributed over a wide range of occupations. They have worked as "domestics, beauticians, school teachers, librarians, social workers, nurses, secretaries, government employees, and much less frequently as doctors and lawyers" (Evans & Herr, 1991, p. 133). More recently, African American women have become entrepreneurs. Even though African American women are seasoned in the job market, educational attainment has become a priority. The educational level of African American women increased considerably between 1940 and 1980. This has resulted in improved employability for African American women.

Nonetheless, African American women have occupied marginal positions dictated by their role in the U.S. workforce. This has placed them in a precarious position as Aldridge (1989) described: "African American women in general are restricted, they too often are not allowed to contribute a full measure of earnings to their families or to maximize their talents" (p. 133).

Evans and Herr (1991) pointed out that as a result of sexist and racist attitudes in the workplace, African American women still experience excessive discrimination in the job market. They also reported on the effect that the perceptions of racism and sexism in the job setting have had on the career aspirations of African American women. There are conflicting findings. Results with some studies indicate high career aspirations and others low. Yet, all of the findings indicate consistently that this population has low expectation of meeting their career or vocational goals.

Evans and Herr also suggest that African American women are avoiding careers that would be anxiety producing. In other words, work environments that have been traditionally White male dominated tend to produce high levels of anxiety for women of color who choose to pursue a career in those areas. Many African American women choose to avoid careers that they anticipate to have racist and sexist work environments. It is unfortunate that the career aspirations of African American women are still being curtailed by the history of White male supremacist practices in this country.

REMNANTS OF HISTORY: MULTIPLE ROLE EXPECTATIONS, DIMINISHED INTERPERSONAL RELATIONSHIPS, AND ALIENATION FROM SELF

The legacy of slavery, negative stereotypes, and social inequality has been particularly bitter for African American women. The following discussion addresses three major themes of this legacy: multiple role expectations, diminished interpersonal relationships, and alienation from self.

MULTIPLE ROLE EXPECTATION

As a result of the expectations that began during slavery, it appears that it is a normal perception that most African American women are required to juggle many roles. Ironically, many of the roles she plays can be viewed as opposites within U.S. society. She is African and American; caretaker and breadwinner; female and leader. Also, she exists between two cultures that have different perspectives on the role of the individual. To be more specific, the ideals of Eurocentricism concentrate on the individual, whereas Africentricism focuses on the communal relationship. To meet the needs of others, many African American women feel obligated to be "all things to all people." As a result, most African American women are juggling many responsibilities (i.e., job, family, professional, and church).

The strain of upholding these multiple roles is continuous (Lewis, 1989). Many African American women can recall feeling obligated as early as grade school (Watt, 1997). Because of the financial status of the majority of Black families in this country, most African American women feel daily stress regarding economic and household role strain (Lewis, 1989). Even though it is not necessary for some women in this group to take on multiple roles to provide for their basic needs, most Black women are loyal to the stereotype. Unfortunately, the strain of these multiple roles often is a factor contributing to the poor mental and physical health of African American women. Having support networks directly influences the pressure from the role strain (Lewis, 1989). To be more specific, women who had supportive partners or family or both seemed to feel less of a strain. The role strain for African American women has special circumstances. In addition to the parental role strain, there is also economic and household role strain. It is important to recognize that the multiple role expectation as well as the type of role strain that African American women experience have direct connections to the roles these women played during slavery.

DIMINISHING INTERPERSONAL RELATIONSHIPS

As reported by Grier and Cobbs (1968), the relationship between African American men and women has suffered because of the pressures of the outside world. It is a shame, but the very fabric that relationships are built from can be destroyed by the pressures within a White supremacist social structure (Hooks, 1993). For instance, during slavery, the African American male was often sent away from his family to work and only allowed to visit on the weekends (Lerner, 1972). This separation is also encouraged in the traditional welfare system. As a result, there is a deteriorating presence of African American males in some low-income homes. Single women with children often receive more financial assistance in homes where the man is absent. The psychological stability African Americans receive from intimate relationships is threatened because of oppressive guidelines. The extent of the psychological damage that is caused by internalizing beliefs that arise from being devalued obviously has effects on the individual which in turn affects relationships (Kambon, 1992). To be more specific, if African American women and men are feeling worthless, then this can have a direct effect on how they build relationships with each other (Grier & Cobbs, 1968).

A. Smith (1986) termed the social posture of African American women a marginal position because they are placed between two antagonistic cultures. According to Smith, there are negative and positive consequences to being forced into marginality. The negative consequences are being Black and a woman in a world dominated by White males and being positioned to be the advocate for weak and powerless groups. Furthermore, Smith (1986) interpreted Dumas-Graves' (1980) point that "Black women are often caught in the struggles between boss and subordinates, blacks and whites, men and women, between units in the organization, and between the organization and the community . . . [and are] expected to curb the aggression of Black males and temper the forcefulness of other Black women" (pp. 102–103). These struggles can lead to tension, stress, and possibly even "burnout" for the women in their personal and business relationships.

Another aspect of the problems in male–female relationships still seems to be related to the skin color bias issue (Newman & Exum, in press). Although many counselors may believe this bias no longer exists, it still continues to affect the life chances of African Americans (Wade, 1996). A review of this topic by Hughes and Hertle (1990) showed that a comparison of the main effects in studies on skin color from 1950 to 1980 indicated the effects of skin color have not changed appreciably. Light-colored African Americans still fare better economically, vocationally, and educationally. Neal and Wilson (1989) suggested that African American women are affected more because attractiveness is associated with light skin and is more important for women in American society. Hughes and Hertel (1990) reported that skin color accounts for the same degree of disadvantage within the African American community as race does between African Americans and Whites. In the past, this bias has had a significant and disproportional impact on African American women because self-concept and attractiveness are linked for African American women but not for African American men (Wade, 1996).

In addition to the problems in work and male–female relationships, the female friendships of African American women also suffer. African American women who have internalized the oppression that they suffer in society may have difficulty maintaining healthy friendships with other women. Feelings of insecurity, self-doubt, and resentment toward each other are often revealed in damaging ways. For instance, less than 4% of African American women have earned doctoral degrees in this country in 1994 (Snyder & Hoffman, 1995).

It is not unusual to hear an African American woman with a doctorate speak to the lack of support she receives from her peers. These women can usually share countless examples of how their peers either were covertly nonsupportive or attempted overtly to sabotage their career efforts. This type of treatment is an outward example of the self-denigration that is present in African American women who have internalized the racist and sexist beliefs about their group.

There are positive consequences to being under the pressure of social ills. As the cliché says, "it builds character." According to A. Smith (1986), the positive qualities that can be gained are endurance, drive, determination, rebelliousness, and the ability to tolerate pressure. These qualities are particularly useful for the African American professional woman who must constantly remind the power structure that she not only has basic human and citizenship rights, but also has earned privilege that gives her equal access to resources in the United States. This is empowering knowledge. As Watt (1997) pointed out, the racism and sexism that African Americans have to face may actually encourage their development. In other words, it is possible that many African American women are likely to be functioning at higher levels of psychological maturity as a result of the challenges that come along with the race and gender combination. Unfortunately, these positive qualities, while enhancing the African American woman's character and encouraging her development, also lend supportive evidence to the "myth of the superwoman" (Nelson, 1995).

ALIENATION FROM SELF

As Hooks (1981) pointed out, the women's rights movement was designed to raise the status of White women. The movement did not focus on the concerns of Black women. Even though it focused on eliminating sexual exploitation, establishing a different social and political structure in the United States, and extinguishing stereotypes, White women and Black women experienced these oppressions very differently (Lerner, 1972). For example, to White women, eliminating sexual exploitation meant to protest the depiction of women as sexual objects such as in *Playboy* magazine; to Black women, it meant rising up from the more severe dehumanization of the sexual abuse during slavery to be considered valuable (Lerner, 1972). Furthermore, while White women wished to make a change in their stable family structure, Black women were just trying to stabilize their families owing to the forced absence of the Black male (Lerner, 1972).

Because the experience of African American women has been so different from that of White women, they are faced with the conflict of choosing between the emancipation of women versus the liberation of their race. For the most part, her first priority had to be the liberation of her race. In an essay included in Lerner's (1972) work, the point is made that African American women are expected to fight against sexism when racism is eliminated. African American women were often criticized for their work in the women's rights movement because of the blatant racism that needed to be fought against by both men and women (Giddings, 1984).

Robinson and Ward (1991) suggested that women who exhibit positive attitudes about being Black and female in this society are in fact using strategies to resist negative self-images. It seems that the women in the higher stages of racial and womanist identity development were exhibiting positive attitudes about self

(Watt, 1997). Yet, we cannot be sure if these women are making sacrifices that are compromising their true identity to feel acceptable to self. For example, a woman could be embracing her Blackness and celebrating womanhood but choosing to advocate for the race and not just the rights of women because of a desire not to alienate Black men. Though she is not in an obviously passive role, this approach does not allow the woman to fully realize herself; instead she has to choose to be her race and minimize her gender (Robinson & Howard-Hamilton, 1995).

Watt's (1997) study also revealed that some women were having difficulty being both racial and gender beings. It seems that some of the women in her sample were overwhelmed by their conflicting feelings about gender and race and chose to deal with only one. It appears that African American women cope with being a victim of a racist and sexist system by choosing to be either Black or female. Having performed this act of self-denial routinely, the African American woman becomes alienated from herself. The daily pressure of a racist and a sexist system desensitizes African American women to the trauma of being treated poorly and manifests itself in symptoms of depression, defensiveness, low self-esteem, anger, and other dysfunctional behaviors (Pyant & Yanico, 1991).

SHADOWS, CONTEXT, AND COUNSELING

It is important to understand that her history related to slavery, the women's rights movement, and the civil rights movement—the "shadows"—still has implications for the present day life of the African American women. Multiple role expectation, diminishing interpersonal relationships, and alienation of the self each has its roots in history. The underlying historical perception of race and gender is the broader problem that directly affects the African American female experience. Although African American female clients may exhibit any number of presenting problems, it is crucial that the transcultural counselor be fully aware of the complex issues facing African American women that result from being a member of both a devalued racial and gender group.

THE TRANSCULTURAL COUNSELING PROCESS

IMPORTANCE OF RACE AND GENDER

The gender characteristics and cultural backgrounds of African Americans must be given consideration in the helping process. It is important that the counselor understand the historical context that supports the interplay of race and gender because it is likely that this interplay is an underlying theme in the client's problem. It is necessary to bring this point to light because many counselors have become desensitized to the fact that racism and sexism are still influential factors in our daily lives. This is exemplified in the prevailing attitude that affirmative action laws have made all things equal, and as a result there is no need to continue practicing under these "special" rules.

It is important to recognize that the circumstances associated with being African American and female require specific attention in the counseling setting. Discussing issues of racism and sexism in the counseling session will make the process more complex. It would be tempting to just ignore the race and the gender of the client and just deal with the presenting problem. Some counselors may not feel it is necessary to explore the issues from a sociopolitical perspective. Yet, reinforcing the color-blind unisex societal fantasy will only do a disservice to both the client and the counselor. One of the guiding principles of counseling is "Know Thy Self." As counselors, we are attempting to lead our clients on a journey toward self-knowledge. This journey for the African American clients must include a thorough review of the role race and gender have played in their lives. A successful transcultural counseling experience would include such an exchange between the client and the counselor. Exploration of feelings surrounding race and gender are important not only for the client but also for the counselor.

CLIENT CHARACTERISTICS

African Americans bring several psychological strengths to the therapeutic process that are a function of their cultural ethos and worldview. Perhaps the most important of these strengths are flexibility, forgiveness, resilience, and persistence. African Americans have always had to remain flexible and adaptive to survive in historically hostile environments. They have been successful by making the most of whatever resources they had in each situation. African Americans are open to new ways or better ways of accomplishing goals or solving problems. The source of client resistance among African Americans is most likely to be an issue of mistrust on the part of the client or countertransference on the part of the counselor.

Collectively, African Americans have a great capacity to forgive both in-group and out-group members for transgressions. This capacity is sometimes wrongly interpreted as passivity, fatalism, indifference, or even cowardice, and it is sometimes exploited by unethical politicians and bureaucrats. However, this tendency is actually a manifestation of the principle of interconnectedness, which in the African American worldview has the goal of reestablishing harmony—social and emotional balance. Forgiveness and tolerance stem, too, from the African concepts of acceptance and reciprocity and are supported by the contemporary belief that "what goes around comes around." This belief is similar to but not identical with a belief in *karma*. Accordingly, the transcultural therapist has a great advantage in working with African American clients because errors in the counseling process are not necessarily fatal if they are accompanied by a sincere apology.

Another strength is resilience. African Americans are capable of withstanding high levels of stress for long periods. They are also capable of rapid recovery from personal crises. This is not to say that African Americans experience less emotional pain or suffering than do other ethnic groups. The pain may just not be as evident in the client's verbalizations. It is important for the transcultural counselor or therapist to expect early recovery from African American clients and to accept that they want to move on.

Persistence, like flexibility, is one of the cornerstones of African American psychological strength. African Americans exhibit great determinism in achieving their goals once they have been clearly defined. Unfortunately, because African Americans also have great faith in the motivations of others, they sometimes persist in ineffective or negative relationships longer than they should. Accordingly, persistence is positive when applied to focused goals and objectives but negative when used to support nonproductive behaviors and strategies.

COPING MECHANISMS

African Americans use a variety of ego defenses or coping mechanisms that arise from their cultural ethos. Although these coping mechanisms are used primarily during the pre-encounter (conformist) and encounter (dissonance) phases of ethnic identity development, they do generalize to issues other than racism and do persist in some form through other phases of development. Distortions of predominant elements in the African American worldview result in the use of these mechanisms to return the individual to a sense of oneness with the environment. The most common coping mechanisms are denial, isolation, repression, and introjection.

Denial occurs when an individual refuses to admit the existence of something disturbing. This is what happens when an African American who has sought the friendship of an out-group member learns from another source that the out-group member has been telling "nigger jokes," and the African American refuses to believe an otherwise reliable source. His or her response will likely be, "It didn't happen."

Isolation is failing to perceive to recall links between related information, thought associations, or identifications that might arouse anxiety. This is what happens, for example, when an African American man fails to recall that every time he walks into a particular office alone, the receptionist leaves her desk to speak with another secretary, but whenever he enters the same office accompanied by his European American colleague, the receptionist never leaves her desk. Just coincidence. There is no link. He sees no pattern.

Repression involves censoring memories, feelings, or perceptions that have high anxiety-producing potential. In the preceding example, repression would involve the African American man not remembering there was a receptionist in the office. The most serious and self-defeating coping mechanism typically used by African Americans, however, is introjection.

Introjection involves defending against disillusionment in another by accepting blame or responsibility. Aggression is directed toward oneself in the form of either guilt or depression rather than toward the true object. For example, introjection occurs when an African American woman who is not accepted for the all-European American cheerleading squad because she does not meet the height and weight guidelines (she is "too heavy for her height" or just "too fat") fails to question whether the guidelines are racially biased and fails to even tell her parents about the outcome of the tryouts.

Instead, she internalizes the notion that she is too fat, believes she is not pretty enough, and initiates the behaviors that will eventually lead to an eating disorder. Fortunately, introjection is seldom used as a coping mechanism beyond the pre-encounter levels of identity development. Nonetheless, transcultural counselors should be on alert for its presence and be prepared to challenge client ideation that blames the client for racist or otherwise oppressive behavior.

The values usually taught in African American families center on thinking the best about everyone, trying to get along with others, seeking harmonious relationships, sharing, believing that everyone is a child of God, and believing that no one is really a bad person. For this reason, many African Americans unconsciously engage in denial, isolation, repression, and introjection when confronted with negative issues and particularly with racism. However, as noted previously, many African Americans actively engage in forgiveness with full awareness.

ESTABLISHING THE THERAPEUTIC ALLIANCE

The most important aspect of the transcultural counseling approach is creating trust between the counselor and the client. It is already well established that clients are more likely to trust counselors they perceive to be like themselves. What, then, may a highly motivated but culturally different counselor do to be consistently effective in transcultural situations?

INTERPERSONAL ORIENTATION

Gibbs (1985) provided a model for relationship building in sessions where the counselor and the client come from different cultural backgrounds. Her model is based on the assumption that the first phase of counseling can be divided into the following five steps or stages of establishing the therapeutic alliance.

Stage 1: Appraisal. The client is generally polite but guarded and sizing up the counselor. The client may be hiding feelings of mistrust or suspicion and waits to see whether the counselor is genuine and approachable. The counselor's competence is judged on his or her ability to show personal *authenticity;* being "down-to-earth."

Stage 2: Investigation. The client continues to evaluate the counselor, usually through questions about the counselor's background. The purpose of these questions is to determine the counselor's past experience with people of color and also whether these experiences were helpful for the clients.

There is no substitute for practical experience with a variety of ethnic or cultural groups to achieve competence in working with these groups. Supervised practicums and internships are the ideal methods for increasing competence. Realistically, few professional counselors have opportunities for advanced practical training. Few programs provide this service. Counselors are able, though, to increase their practical understanding of various ethnic and cultural groups through workshops, conferences, and the professional literature. Although we recognize that reading about a culture does not in itself make an individual competent within that culture, reading does serve as a basis for building competence in the culture and also provides insight on the worldview of the members of that culture. In addition, it demonstrates respect for the culture to the members of that group and also demonstrates the sincerity of the counselor's willingness to learn about another culture. It should not be overlooked.

Counselor competence at this second stage is judged on the counselor's ability to show *egalitarianism* through avoiding professional jargon and nonauthoritarian behaviors. Poor counselor behaviors during this stage will result in client termination.

Stage 3: Involvement. Here the client has determined that she or he *feels* a positive identification with the counselor and will begin authentic exploration of issues. In addition, the client may attempt to establish a broader personal relationship with the counselor by for example inviting the counselor to a community ethnic event or family function. Identification is extremely important to a continuing therapeutic relationship. The client is testing whether the counselor (a) really identifies with the client, (b) can identify with the client's background while in the client's cultural milieu, or (c) merely represents the status quo (Gibbs, 1985).

One of the things to remember in working with African American clients is the value that African Americans place on the community. In the client's mind (and in fact), the counselor cannot really know the client without knowing the client's community.

An invitation to a community function may pose a problem for some counselors. The non-African American counselor may frame this invitation as a "situation," a control issue, or an issue of "setting boundaries." Although this is a boundary issue, it is different from the European American concept of boundaries. The difference here is that the client perceives herself or himself as an extension of the community, not just as an individual. The boundaries of the community include him or her. Other counselors may frame the invitation as a violation of the dual relationships provision of the code of ethics. Actually, no relationships have changed in this example. Only the situs has changed. Furthermore, the client already understands that the counselor cannot accept all invitations. At issue is whether the counselor really can accept the client in the client's world; can the counselor leave his or her own "comfort zone"?

Stage 4: Commitment. This stage will follow if the counselor has the perceptual sensitivity and cognitive flexibility necessary to establish a broader personal relationship with the client in the preceding stages (Gibbs, 1985). At this point, the client will feel that the counselor has demonstrated acceptance through empathic and supportive behaviors (Gibbs, 1985). Defensive behaviors will diminish, and the client will form the initial commitment to work with the counselor. It is important to note that commitment to work is based more on a personal regard (synthetic/personal) for the counselor than an inherent trust in the process. The key elements of appropriate counselor behavior are nonjudgmental responses and empathic acceptance of conflicts.

Stage 5: Engagement. Here the client becomes fully invested in the counseling process and works with the counselor toward resolution. The focus is no longer on the counselor's interpersonal skills. It is now on the counselor's professional expertise. Counselor performance is the key factor to success in fully engaging the client. It is generally agreed that counseling is a social-influence process (Corrigan, Dell, Lewis, & Schmidt, 1980), and when a counselor agrees to work with clients, the counselor implicitly assumes the role of expert (Pietrofesa, Leonard, & Van Hoose, 1978, p. 73).

Because it is the client's expectation that counselors are in fact knowledgeable people of authority, it is the counselor's responsibility to behave in a manner consistent with this expectation. Counselors must acknowledge their limitations and, if necessary, advise the client of these limitations while they seek additional training to upgrade their skills. Some transcultural competencies, such as fluency in a second language, are more difficult to acquire than others. However, a second language would seldom be necessary for working with African American clients. When presenting problems are well beyond the effective capacity of the counselor, an effective counselor would still be expected to have procedures for proper referral.

Gibbs (1985) suggested that this sequence of events may transpire over two or three sessions, but there may be elements of any of the stages in all sessions. The Gibbs model highlights the need to personalize the counseling relationship from the first session. This will be essential in establishing the therapeutic alliance. Learning this model will help non-African American counselors correctly interpret the behaviors of African American clients in the initial stages of the counseling relationship.

A CULTURE-SPECIFIC APPROACH: USE OF SHADOW AND CONTEXT

As pointed out in the definition of transcultural counseling in Chapter 4, it is crucial for a transcultural counselor to not only understand the cultural dynamics in the counseling relationship, but also be a willing participant in the journey of healing with the client. This type of process requires self-examination and personal rigor from not only the client but also the counselor. Considering the complex experience of the African American female client, this could be an especially challenging demand for a counselor. While dealing with the powerful exchange between the counselor and the African American female client, the counselor must be able to analyze the different layers of the client's problem and synthesize that information with the client as a part of the counseling process. The counselor must be aware of the following crucial aspects:

1. *The counselor must understand that the shadows are physically present while the client is in the session.*

Spending time honoring the struggle that African American women have experienced is an important part of the helping process. Whether the struggle that the client has experienced is on a conscious level or not, it is important that the counselor take time to affirm the existence of the battle resulting from the racism and sexism in American society and celebrate the client's survival. Also, it is important to allow the client to tell her story. When a client is allowed to describe the details of the stories of racism and sexism that she has experienced, it acts as a catharsis. Therefore, it is important for the counselor to not only listen but also reflect feelings during the sharing of his or her client's story.

2. *The shadows are intertwined into the context of the problem.*

It is likely that the stress from multiple role expectation, the conflict within relationships, or the alienation from oneself will be what brings most African American women into the counseling event. It is important for the counselor to understand the historical roots to these problems because the client is most likely not consciously aware of the connection to these roots and the problem. This unawareness leaves room for the client to blame herself for the problem. It is the counselor's responsibility to guide the client on the journey that releases her from the burden of blame by connecting the problems to the historical roots.

3. *The counselor must be responsible for introducing the client to the shadows during the counseling process.*

As part of the helping process, the counselor must explore the connections between the historical roots and the client's presenting problem. On a cognitive level, the clients must be made aware that their negative self-perceptions are the result of years of listening to the underlying messages sent from the dominant society saying that Blacks and females are devalued. The counselor is responsible for leading clients on a journey that helps them connect these roots to their personal experiences.

4. *The counselor must allow the client to be vulnerable.*

The image of the strong Black woman is supported by societal expectations and the self-perceptions of African American women. However, the counseling setting is where this image has to be directly addressed. The counselor must be willing to support the client's right to be vulnerable. It is not often that African American women are in an environment that supports their feelings of vulnerability. Therefore, it is important that the counselor create a safe place where the client can deal with her problems on a feeling level.

5. *The counselor has to be aware of his or her own perceptions of the client.*

The counselor needs to know his or her own perceptions of African American women. The counselor especially needs to avoid perceiving the client as the stereotypical strong Black woman and then giving her praise for being the superwoman. The counselor also needs to avoid expressing feelings of awe or admiration of how the client is balancing her life. Both of these counselor behaviors may cause the client to feel it necessary to support the superwoman image that the counselor has of her and not sincerely work toward a lifestyle change.

If the counselor is successful in integrating these crucial aspects into the therapeutic process, it will create a counseling context in which the client will be able to accurately get in touch with the source of her presenting issue. A specific suggestion to approaching an African American female client is to take the client back and bring her forward to the issue rather than beginning at the presenting problem. Most therapeutic approaches begin either in the here and now or trace the client's childhood. This approach suggests a combination of those two concepts. First, the counselor needs to hear the client's problem and then take the client back to its roots, not necessarily just in childhood but also in history. Second, the counselor needs to guide the client forward to the presenting problem.

Providing this context is an important part of the therapeutic process. Specifically, the stress of multiple role expectation, diminishing relationships, and being alienated from oneself builds up frustration in an individual. One of the counselor's primary responsibilities with an African American client is to begin with giving voice to the shadows (Jeffries, 1985). This will create an environment in which catharsis can occur and the problem can be more effectively addressed.

INVITING SHADOWS INTO THE COUNSELING PROCESS

SHADOWED ROLES

The following scenarios introduce two types of African American female clients. A brief description of each client is given along with the presenting problem and the suggested approach.

Sasha

"Sasha" is a lawyer, and she has worked her way up in a well-known law firm. She is married with two children, ages 6 and 10. She is also very active in her church. From grade school through law school, she always sacrificed everything so that she could to be "the best." Sasha has come to seek counseling because she is feeling stressed and has been yelling at her children. She is also very sarcastic with her friends and colleagues. At every opportunity, she chastises other women for being weak or showing vulnerability. She is disappointed in herself for feeling the need to ask for help, but she has reached the point where she is angry and frustrated all day and realizes she cannot resolve these feelings on her own.

1. How would you conceptualize this case?
2. What factors can you identify that have contributed to this situation?
3. What would be your course of action?

Discussion

Sasha is experiencing the stress that comes from multiple role expectation. After Sasha is allowed to tell her story, it is important that the counselor begin by exploring her underlying motivation for becoming a wife, a mother, a lawyer, and a church member.

The counselor must make the connection to the societal impression of African American women and determine how obligated Sasha feels to those stereotypes. It would also be important to the process for the counselor to explore thoroughly Sasha's feelings of being disappointed in herself for needing help. The counselor needs to guide her through how these feelings developed. It is likely that as a young child, Sasha received messages from her elders that she was expected to carry her own burdens and not expect help from others. The internalized oppression and feelings of low self-worth are exhibiting themselves in her relationship with her colleagues. She wants every woman to be as "strong" as she is, and signs of weakness make her angry. It would be helpful to show Sasha how her excessive expectations of herself are being imposed on her friends and colleagues.

Sasha is an example of women who not only maintain multiple roles but also have negative residual feelings that cause problems in their lives. In this scenario, it is important to show her how the historical stereotypes play a role in causing her to feel angry and frustrated.

Linda

Linda is single, and the oldest child of three. She was expected as a child to care for her younger siblings. She has a large circle of friends, and she often finds herself helping others. Even though she is on a tight budget, she has even missed work without pay to help a friend move. She spends most of her days running from house to house helping her friends with their children or any other details for which they need help. She will lend money to a friend in need rather than pay utilities. Linda is seeking counseling because she is depressed. Her boyfriend has recently broken up with her and she does not understand why, "after all she has done for him."

1. Is this client's case familiar? How would you conceptualize this case?
2. What factors can you identify that have contributed to this situation?
3. What information are you missing?
4. What would be your course of action and why?

Discussion

Linda has embraced the idea that she must help others before helping herself. This perspective has its contemporary roots in the struggle between the women's and civil rights movements. African American women are not usually in touch with their sense of personal worth because it is difficult to find affirmation in society at large. Linda has chosen to find affirmation through helping others at the expense of herself. She seems to believe that there is an even exchange, or at least reciprocity, for her martyr-like behavior. Now she has come to find out that is probably not true. Others, including her boyfriend, are not responding to her in the way she expected. She is hurt and confused, and without appropriate counseling, she will blame herself for what has happened and will redouble her efforts in the same way to gain affirmation.

The counselor needs to do some exploration with the client on how she developed her perception of self. This may include the client accounting for the first time she understood what it meant to be Black and female. Beginning with issues of race and gender may help this client gain awareness of why she believes that her friends' lives are more valuable than her own. If the counselor is successful in integrating these crucial aspects into the therapeutic process, it will create a counseling context in which the client will be able to realize the source of her presenting issue. Providing this context is an important part of the therapeutic process and where the true work of counseling begins.

RECONCEPTUALIZING THE PARADOX

For many counselors, transcultural counseling seems to contain an inherent paradox: How is it possible to treat African American clients as unique individuals in the present while simultaneously affirming their group identity and collective history? Among the things the counselor should do first is to realize that the seeming paradox is a by-product of a worldview that emphasizes dichotomous thinking and prizes analysis over synthesis. The African American worldview emphasizes unity. The universe is not conceptualized as "either-or" but as "both-and."

Next, the counselor should realize that there is not one best culturally specific approach to counseling that has been developed for African Americans. There may be several reasons for this. One reason has been the quality of early research in this area. It has only been within the last 25 years that more than a handful of studies were actually conducted on African Americans by African Americans. Before this time, there was no truly emic perspective in the professional literature (and consequently the experimenter-bias error term could not be reduced). At this juncture, more appropriate questions, paradigms, and instruments have greatly improved the quality of research.

Second, the functional definition of African American has probably changed. Many contemporary African Americans are now first-generation "American Africans" whose parents are from Ghana, Nigeria, Ethiopia, Sudan, and other African nations. Immigrant Africans and their offspring add a whole new series of attitudes, issues, and questions regarding what it means to be an African American.

Third, African American culture, as does any other culture, continues to change and to expand. This has always been true. As opportunities have increased, so too has change. However, this time the rate of change seems to have increased as well. What is acceptable behavior, dress, or ideology and what is not continue to change, as does what is "foreign" and what is not foreign to the culture—but all at a seemingly exponential rate.

Perhaps, too, then the African American personality is changing. Of course the core values of African American culture will still be there, and so will "the old ways." Individuals will still engage society with pro-Black attitudes and values, but are the pro-Black attitudes and values of 1979 the same as the pro-Black attitudes and values of 1999? And what about the values of 2009?

There are now perhaps more variations on what it means to be a psychologically healthy African American (as well as what it means to be maladjusted) than there have ever been. Although race, class, and sex bias have not disappeared from the social landscape, their impact on African American households now seems to be less uniform than ever before. Contemporary African American culture has expanded, though not uniformly, and has become increasingly complex. It also shows no signs of deconstructing itself.

BASIC STRATEGIES

Given this context, in addition to further reading and professional training, there are five basic strategies counselors may use to minimize the effects of being an out-group member when working with African American clients.

1. *Rely on the core conditions.*

The counselor who wishes to be successful in helping clients will look beyond a knowledge of client behavior and counseling techniques (Pietrofesa et al., 1978, p. 2). Techniques are secondary to the counselor's attitudes (Corey, 1977). Many contemporary counseling theories involve assumptions that are inconsistent with an African American worldview. Active listening, reflection of feeling, and clarification of perceptions are fundamental to the counseling process. The relationship—the therapeutic alliance—is still the vehicle that facilitates problem solution, positive change, and personal development. In addition, the counselor must be ready to assume the role of advocate and change-agent, because many of the presenting problems of African American clients require a systemic solution.

The relationship that the counselor provides for the client is not an intellectual relationship (Patterson, 1980, p. 497). The qualities of the therapist that characterize any effective counseling relationship, and particularly a transcultural relationship, include authenticity (or genuineness), nonpossessive warmth, empathy, unconditional acceptance and respect for the client, permissiveness, caring, and the communication of those attitudes to the client (Corey, 1977), sometimes called the *core conditions* of counseling. Rogers (1951) considered these attributes also to be the ideal characteristics of counselors. Although these characteristics are actually consistent with Africentric personality characteristics, they alone are not sufficient to ensure successful resolution of the issues presented by the client.

Authenticity, congruence, and *genuineness* are all terms used to describe the condition in counseling in which the counselor is unified, integrated, and consistent: There is no contradiction between what the counselor says and what the counselor is (Patterson, 1980, p. 498). The authentic counselor is aware of his or her own feelings as they are experienced in the counseling relationship and is able to verbalize them when necessary. Most important, authentic counselors are comfortable with themselves and do not feel the need to change their personality to seek acceptance when they are with different people. This does not mean that the authentic counselor is rigid or inflexible. On the contrary, the effective transcultural counselor will modify his or her style to be consistent with the expectations of the client. It also means that the motivation for the counselor's behavior is consistent. Without consistency, counselors seldom establish trust, which is the key to successful work in transcultural counseling.

Empathy means an accurate understanding of the client's private world as if it were one's own, but without losing the "as if" quality (Patterson, 1980, p. 498). Empathy has been identified as the single most important dimension of establishing a counseling relationship (Carkhuff, 1969). Despite dissimilarities between client and counselor, high-empathy counselors are more effective than low-empathy counselors (Banks, 1969). In transcultural situations, empathy means evaluating the client's situation through his or her own worldview and finding the correct solution by way of the client's own value system. A thorough knowledge of the sociopolitical history of African Americans is essential for the non-African American counselor to begin to understand the client's private world.

The non-African American counselor should not use self-disclosure of events he or she believes to be parallel to that of the client as a way of establishing empathy. This strategy often fails because it (a) interrupts the client's flow, (b) is probably *not* parallel, (c) and usually sounds patronizing or inauthentic. However, if the client and the counselor have experienced something very similar, the counselor may self-disclose.

Unconditional positive regard is the nonevaluative counselor attitude that may be expressed both verbally and nonverbally. As Patterson (1980) stated, the counselor should be accepting of the client as an individual, as the client is, with his or her conflicts and inconsistencies and good and bad points (p. 497). In the case of African American clients, this often means attending to highly animated, loud, emotional, and intense communication.

Unconditional positive regard is not possible unless the counselor has already learned to accept himself or herself. The counselor should have already clarified why she or he is in the helping profession before seeing any clients. Unconditional positive regard is also communicated nonverbally through the physical expression of understanding and caring, communicated by gestures, posture, tone of voice, touch, and facial expression (Egan, 1981). The basic philosophy of the counselor is represented by an attitude of respect for the individual, for the individual's capacity and right to self-direction, and for the worth and significance of each individual (Rogers, 1951, pp. 20–21). In the case of African Americans, unconditional positive regard should also include respect for the individual's collectivist or community orientation.

It is not possible to be prepared for every variation in client personality or circumstance. It is possible, however, to be totally available to the client in each session, and it is possible for the counselor to give his or her full attention to the client's problem and his or her presence. The issue is not whether the counselor can solve the client's problem in each session but whether the counselor is authentic in each session.

2. *Assess worldview or stage of identity development.*

A major assumption of this chapter is that racial and ethnic identity development have a direct bearing on client worldview and perception of problem areas. An accurate delineation of the dynamics and characteristics of the stages should result in better prescriptive treatment (Sue & Sue, 1990). One component of a nonformal approach to assessing racial identity development is through the client's racial self-designation.

A study by Speight, Vera, and Derrickson (1996) illustrates how racial identity attitudes tend to vary according to racial self-designation. In comparing the terms *African, African American, Afro-American, American, Black, Negro,* and *Other,* a diverse population of African Americans preferred the racial label *Black* (41%), though a significant percentage preferred *African American* (30%). In addition, higher pre-encounter scores were associated with self-designating as *Other* and *American* while those self-designating as *African American* had lower pre-encounter scores and higher immersion scores. Moreover, "a significant negative relationship was found to exist between self-esteem and pre-encounter attitudes, . . . while a positive relationship was found between self-esteem and immersion attitudes" (Speight et al., 1996, p. 46). As the reader will observe, these findings are consistent with racial identity development theory and demonstrate the potential usefulness of racial self-designation in assessing level of racial identity development.

3. *Use directive rather than passive or nondirective methods.*

There has been a consistent theme in the research literature that suggests that action-oriented or directive counseling approaches should be used with African Americans (Hollingshead & Redlich, 1958; Kincaid, 1969; Lefkowitz & Baker, 1971; Peoples & Dell, 1975; Sue & Sue, 1990; Tucker, 1973). There also has been some support for the use of behavioral models (Harper & Stone, 1974; Morgan, 1971). Although not widely accepted, cognitive–behavior modification (Meichenbaum, 1977) may also be an effective approach for working with African American clients, primarily because it is active, educational, time limited, and solution oriented.

Cognitive–behavioral interventions are designed to enlist the client and significant others, such as spouse, parents, or peers, in a collaborative process whereby the client becomes her or his own "personal scientist" (Mahoney, 1974). It is also the approach that best lends itself to an application of social learning theory. Accordingly, this approach provides a context for understanding behavior as a function of continuous reciprocal interaction of the person and the environment. It also provides an appropriate context for "code switching."

> The [cognitive-behavioral] therapist works with clients to help them better understand the nature of their presenting problems; view their cognitions ("automatic" thoughts, images) and accompanying feeling as hypotheses worthy of testing rather than as facts or truths; encourage them to perform "personal experiments" and review the consequences of their own actions as "anomalous data" or "evidence" that is contrary to their prior expectations and beliefs; and learn new behavioral, interpersonal, cognitive and emotional regulation skills. (Meichenbaum, 1986, p. 347).

The cognitive–behavioral approach does not assume intrapsychic pathology, nor does it promote out-group dependence or assimilation. It assumes that the client has psychological strengths that can be used in problem solution, focuses on collaboration in problem definition, and freely allows the client to develop the best approach to problem solution. It also acknowledges the importance of feelings and thoughts in developing problem solution. The focus on short-term, concrete, environmentally based solutions should have appeal for many African American clients. However, this approach does have limitations.

The major criticism of this approach rests on the Western, primarily American, values inherent in the role of the counselor and the focal point of treatment. The role of the counselor or therapist is to assist clients enhance their adaptive capabilities through cognitive restructuring and behavioral change. The focal point is the individual. Critics interpreted this to mean that the therapist is operating under the assumption that the individual is somehow deficit in cognitive or behavioral sophistication and the social context (society) is fine. Therefore, the individual should essentially adjust to the social context. The most obvious manifestation of this value-loaded component of the cognitive–behavioral approach is in the list of styles of distorted (inappropriate) thinking presented by Burns (1980) or Ellis (1973).

The second limitation has to do with the "it's all in your mind" flavor of the approach, or the assumptions that all moods are created by cognitions or thoughts and that distorted negative thoughts almost always contain gross generalizations. This criticism does have particular salience for African Americans for several reasons. First, it is well documented that the affective states or disturbances in mood clients present often do have a biological basis independent of the client's cognitions. Second, African Americans are particularly sensitive to environmental cues and may often report affective states due to "bad vibes" or "negativity" in the environment. These are legitimate expressions of affect that are not self-generated. Third, in an individualistically oriented society, it is very easy to posit that all emotional states are self-generated, but this is not as easily affirmed when the culture is collectivistic. Much of what any individual African American feels or expresses as an affective state is a reflection of the collective ethos even when no visible "community" is apparent.

Furthermore, the African Americans' ontology places less emphasis on compartmentalization of different aspects of the psyche. Accordingly, less emphasis is actually placed on the dynamics between affective states and cognitions. Affect is not conceived of as a secondary inferior process mediated by the higher functions of objective logic and rationality. Responses are viewed holistically. Finally, although the causes of negative thoughts presented by African Americans may seem to contain exaggerations or gross generalizations, it is most often not the case. When an African American reports, "I feel like everyone in my office is against me" or "I feel like my supervisor is putting things in my personnel file to get me fired," the client very often is reporting not just a perception or an affective state but also objective reality. Unfortunately, continued institutional racism and sexism make it unnecessary for African Americans to exaggerate or grossly distort negative events. The usual case is that the events will be understated.

The third limitation of the cognitive–behavioral approach is that it has no spiritual component. Often, presenting problems of

African American clients are actually manifestations of loss of centeredness or imbalance owing to lack of attention to the spiritual self. Alienation, nihilism, and depression may be counteracted by prayer, meditation, fasting, relaxation training, body work, singing, listening to gospel music, visiting relatives, or perhaps all of the above. Spiritual connectedness should not be confused with religiosity, though for some clients it may be related to church attendance. It does not easily lend itself to observation, but it may be experienced by other African Americans in the presence of an individual who has achieved connectedness or who has lost it. Spirituality is a major aspect of the healthy African American personality, and African Americans do not tend to make a great distinction between faith and "knowledge" or between dogma and fact. Accordingly, appropriate interventions must be not only cognitive and behavioral but also spiritual.

No counseling approach is value free, and all have limitations. Cognitive–behavioral (as opposed to rational–emotive) interventions are based to a large degree on social learning theory and, for this reason, minimize the value distortions of the counselor while providing a concrete course of action for the client. Its methods are flexible and allow for great creativity in applications. Even the list of distorted thinking styles could be modified to be culturally relevant for African Americans, but it is not actually necessary to use this aspect of the approach with all clients. Cognitive–behavioral approaches can reinforce self-efficacy and self-sufficiency within a community-centered context.

4. *Attend to nonverbal behavior.*

Traditional counselor education programs place a high value on verbal intellectual behavior in the counseling process. However, people of color in general, and African Americans in particular, are very attentive to nonverbal behavior. African Americans have learned that intellectual interactions are less trustworthy than the nonverbal messages sent by counselors (Sue & Sue, 1990). Posture, gestures, and facial expression are all essential elements in communication with African Americans. Because nonverbal behaviors are often the message themselves, it is essential for transcultural counselors to present consistent verbal and nonverbal behaviors. Sue and Sue noted that for African Americans, conversing with a person dictates a much closer stance than is normally comfortable for European Americans. If the counselor were to move backward when approached by an African American client, the client could interpret this movement negatively. Mistrust would heighten and meaningful communication would cease. Moreover, attire and setting also influence how African Americans receive messages. How furniture is arranged, where the seats are located, where one seats the client all have implications for the counseling process (Sue & Sue, 1990).

There is one other aspect of nonverbal behavior related to the interconnectedness principle that has important implications for counseling African Americans. For African Americans, there is little distinction between mental and physical illness or mental and physical pain. When a client suffers from depression or anxiety, the body suffers as well as the psyche. Chronic muscular tension, joint stiffness, tightened jaws, and shallow breating can all be signs of inner turmoil and suppressed emotion. Counseling should include helping clients access these suppressed feelings through relaxation training or some type of vigorous exercise and deep breathing.

5. *Be available.*

To establish credibility, the transcultural counselor needs to be visible in the world of the client. Counselors interested in helping African American clients must leave their offices and become involved in their clients' communities by spending time there. The flow of the client's community is an essential part of the client's culture. The sights, the sounds, and the colors all have meaning for the client, and it is only in this nonformal environment that the counselor will discover what *normal* actually means for the client. An effective relationship involves a commitment, and there can be no greater demonstration of commitment than active participation in the community of the African American client.

CONCLUSION

African Americans are a widely divergent group occupying all rungs of the socioeconomic ladder but still not fully integrated into mainstream American culture. They also hold a worldview that is very different from that of the majority of European Americans. Therefore, effective counseling interactions with African

Americans require knowledge of the cultural ethos as well as the sociopolitical history of this group. The challenge for the effective transcultural counselor or therapist is to recognize the individual humanity of each African American client while simultaneously acknowledging that the client is a member of an ethnic group that, in many instances, will have a different way of perceiving the world.

The therapist must balance his or her own stereotypic beliefs against the reality the client presents and support a member of a devalued group without being patronizing or defensive. The therapist must be willing to accept that she or he will probably be mistrusted but realize, too, that trust can be established. To be effective, transcultural counselors or therapists must be flexible, creative, and fully open (and vulnerable) to the interaction between themselves and their clients. It is only through authenticity that trust, empathy, and truly therapeutic relationships can be developed.

No one best method has yet been developed for counseling African Americans. Methods that are effective tend to be active rather than passive, participatory, short term, goal oriented, educational, and holistic. They emphasize interconnectedness and internal harmony while they simultaneously address race and gender bias directly. Accordingly, appropriate transcultural counseling with African Americans should contain elements that address mind, body, and soul.

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CHAPTER 8

Transcultural Counseling and the Hispanic Community

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CULTURAL AND DEMOGRAPHIC BACKGROUND

The term *Hispanic* can (a) pertain to Iberia in general; (b) pertain to Spain in particular; (c) pertain to the U.S. Census Bureau usage, including multiple peoples, such as Cubans, Mexicans, Puerto Ricans, Chicanos, Central and South Americans, and others of Spanish ancestry or descent.

The overwhelming majority of publications, research papers, and stereotypes about Hispanics are actually based only on some particular subgroup as listed above, but the perceptions become generalized in the ideas that European Americans have and are extended to Latinos in general. The reality is that Hispanics in the United States are extremely heterogeneous. What is typical and expected from one Hispanic client is not necessarily relevant to another. Basic, general knowledge of Hispanic communities, identification of a client's background, and recognition of the cultural variation that exists are critical to appropriate and effective counseling.

The goal of this chapter is to help promote an awareness of how language, cultural values, beliefs, and attitudes affect the worldview of the Hispanic client and, consequently, the counseling relationship. It is a brief survey primarily intended for European Americans who have professional responsibilities such as school counselors, educators, psychologists, and employees of the gamut of agencies who interview, evaluate, and sometimes incarcerate Hispanics.

The first section of this chapter offers an overview of the cultural history of the Hispanic population and the increasing diversity among Hispanics in the United States. The second section examines the influences of acculturation and language on the counseling process. The third section discusses several cultural factors and courtesies that affect the worldview of the Hispanic client. The fourth and fifth sections consider limitations and challenges and offer additional cultural considerations as well as recommendations that may help facilitate the counseling process. The final two sections provide information on available resources non-Hispanic counselors can use and present case studies to provoke thought and discussion. Although the primary focus is on relatively unacculturated clients, consideration is given to counseling individuals with higher levels of acculturation. European American counselors who have Hispanic clients should begin not with an assumed Latino personality type but with an assessment of acculturation, class, language, education, and subgroup.

CULTURAL RELEVANCE AND DIVERSITY OF THE HISPANIC POPULATION

The major challenge of transcultural counseling of Hispanics is that of cultural relevance to the client. However, little congruence exists with variables of nationality, race, cultural history, or language. The key element is an increasing diversity among the Latino populations of the United States. European heritage is one part of a common tradition among all the peoples affected by Spanish colonialism. However, Spain itself was not at the time of the American conquest (and is not today) a homogeneous nation. Today, Spain' s principal minority groups and languages include Catalan, Galacian, and Basque (a language unrelated to Indo-European). A client from Spain is a European in cultural orientation, not a Latin American, and shares with the latter only a part of the American Hispanic tradition.

The traditions of Spain have indeed permeated the former empire, but they are themselves multiculturally formed from an Iberian Paleolithic, to a circum-Mediterranean foundation, to a Carthaginian outpost, to a Roman conquest, to a Gothic conquest, to an Arabic conquest, to the Reconquista (when the Arabs were expelled), to a Golden Age, to a European backwater status, and presently to an economic revival.

One cannot understand the culture of Latinos without knowing its Spanish traditions. However, that foundation is not at all like the relationship between England and the dominant Anglo American population of the United States. In the United States, Native American and European descendants remained relatively separate, whereas throughout the New World, in colonies of Spain, much more fusion of indigenous and colonial peoples occurred, with its concurrent syncretism in the formation of a new society.

Millions of Hispanics (as citizens of Latin American nations) are not of Spanish or Indian descent. Particularly in countries such as Argentina, Panama, and Costa Rica, relatively large numbers of people derive from European or Antillean nations. Despite common assumption, tens of thousands of American "Hispanics" (mostly outside the United States) have traditions from China and Japan—brought to Middle and South America by the slave trade and later by settlement and economic opportunity.

What frequently happens in the United States is that some client, police suspect, or social agency service recipient is bureaucratically determined to be Hispanic because of physical appearance, passport, work permit documents, or language and is then thrown into a collective pot, in which a Spanish-speaking translator (often from a different cultural background) is supposed to solve the language and culture-relevance problem.

Who knows how many Hispanics in the United States are psychologically, psychiatrically, and legally assessed without a reasonable effort to provide cultural and linguistic relevance? The answer is that no one knows, because statistics are difficult to gather. However, many people believe that such instances are extremely common.

Millions of Hispanics do not have Spanish surnames. Particularly in the United States, intermarriage, surname inheritance pattern, and immigration generational sequence operate to alter assumed ethnic identification of individuals. In addition, it is common for U.S. Hispanics to be known by some English name (or nickname), for example, football player Jim Plunkett, singer Richie Valens or author Maria Beals. Despite their common use in statistical surveys, surnames are rather poor indicators of Hispanic cultural identity. For example, most Filipinos have Spanish surnames but are not considered Hispanic but Asian in census data. As another example, in the authors' own extended family, some members have Spanish surnames, and others have English surnames. This is totally a function of English pattern name inheritance, with little connection to being Anglo or Hispanic by cultural heritage.

Millions of Hispanics do not speak Spanish, particularly among the Indian populations in regions of Mexico, Guatemala, and Bolivia. Despite the identification of millions of Hispanic Americans as "Spanish speaking," there is in reality no one Spanish language; it is more realistically considered a family of languages, some of which are almost dialectically unintelligible. The majority of Spain's citizens speak Castellano; the majority of Chicanos speak Pocho. These differences are by analogy less than that between English and German, but greater than differences between dialects of English spoken by, for example, Jamaicans and Pakistanis (both a part of English colonial influence). Intermarriage has created millions of Americans who have one parent of Hispanic descent and another of a different race or cultural background. In such cases, Spanish may not be spoken at home, and so the language tends to be lost among the children.

Some folk names of racial/cultural mixture are Mestizo (Indian × White), Mulatto (White × Black), Zambo (Indian × Black), and Cholo (Mestizo × White). These are not just biological terms of hybridization. They are associated with the cultural subgroups to which Hispanics belong. In the Spanish-speaking Caribbean, the native Arawak population became virtually extinct within a generation after European contact. African slaves were brought to the islands as a labor force, and as a result Caribbean Hispanics today share part of their cultural heritage with Africa and have very little Native American influence. In Mesoamerica, about 50% of the native population survived the conquest. Consequently, the great majority of Hispanics from Middle American countries are Mestizo, having a syncretized Indian-European background. (The predominant Mestizo population is called *Ladino* in parts of Central America, particularly in Guatemala.) Panama has a large population of Blacks, who are descendants of workers from the Caribbean brought to work on the canal; most are bilingual, speaking English and Spanish. Other Hispanics, especially along the Atlantic and Caribbean coast of Central and South America, are descendants of Indians and African Blacks.

All Hispanics symbolically belong to *la raza* (the race), but *la raza* has no definable anthropological, psychological, or sociological concrete identity: It applies to members who identify with it. This word extends to everyone of its tradition, regardless of race, class, nation, knowledge, subculture, or belief. *La raza cósmica* (the cosmic race) is a philosophical concept of self-identity, particularly in reference to the intermingled biology and culture of Mestizos.

The nationality of a Hispanic client is not a particularly good indicator of the client's values or life history. For example, a family residing in Texas over several generations has changed its nationality six times: from citizenship in New Spain to Mexico to the Republic of Texas to the United States to the Confederate states, and back to the United States. Puerto Ricans and Chicanos are U.S. citizens, not immigrants. Many millions more, from all areas of the Hispanic world, have become naturalized U.S. citizens, and their descendants are citizens by birth, sometimes for many generations.

Many Anglo Americans in the United States regard Latinos as aliens or foreigners. The reality is that much of the U.S. Hispanic population traces its roots to settlements in New Mexico, Texas, and California before Anglo Americans arrived on the continent.

SPIRITUAL AND RELIGIOUS VALUES

Religion is not a determining factor in being Hispanic. It is true that the proportion of Catholics in the population averages more than 90% in Latin American nations. However, Catholicism is often nominal or syncretic with Native American beliefs. Some Hispanic ethnic groups, such as the Miskito of Nicaragua, are Moravians. In the United States, many Hispanics belong to Protestant churches, particularly those having a fundamentalist and evangelical orientation. Particularly among the Antillean peoples, African religious influence exists. In recent years, evangelical

Christianity has made major inroads into the traditional Catholicism of Hispanics. For example, in modern Guatemala, evangelical Protestantism now claims almost 30% of the population (to some extent). Despite recent missionary claims of conversion, the Indian population of Guatemala (some members of which appear in the United States as immigrant workers) combine evangelicalism with elements of ultraconservative Catholicism and with ancient and native religious belief.

The evangelical movement is spreading throughout Latin America, and it derives mostly from diffusion of sects within the United States. The movement appeals primarily to the lower socioeconomic class and sociologically results from the perceived failure of the upper and middle classes to solve the problems of the impoverished majority. Evangelicalism is not an orientation to the world that most U.S. Hispanics have, but it is growing in influence. Fundamentalist Christianity is a sensitive issue in Latin American nations. For example, Chamulan Indians recently exiled 10,000 villagers for rejecting traditional beliefs in favor of Protestantism.

Tens of thousands of U.S. "Hispanics" are Native Americans from Spanish-speaking nations, who are primarily migrant farm workers. Most are unacculturated and speak Spanish to various degrees, and little English. The majority retain religious beliefs that do not correspond to European concepts. For example, among the Zapotec, animal guardians (*tonos*) are acquired at birth. If a child is not baptized, he or she automatically acquires the power of turning into an animal (a *nahual*).

Throughout Latin America, Catholicism is divided between conservative and liberal factions. Some priests, families, and individuals are highly committed to social activism; others are committed to the preservation of the traditional value of compassionate authoritarianism. In general, a Hispanic client is less likely to be socially militant than a Black or Native American client, but more likely than an Asian American. Hierarchy, and the respect for it, runs deep in the character of Latino values.

ACCULTURATION AND CLASS AFFILIATION

Race, language, religion, and citizenship are poor predictors of what is relevant to Hispanic clients on any overall basis. Acculturation and class affiliation are far better indicators of values and beliefs.

By far, the numerically dominant U.S. Hispanic population is Chicano, and so some specific information is given below. Chicanos range from prominent U.S. national leaders in many areas of society to monolingual members of small and isolated communities in the Southwest. In speaking among themselves, Chicanos often identify themselves as *Mejicanos,* but the word applies to distinction as a group separate from the Anglo majority and other Hispanic subgroups rather than to a national citizenship.

Chicanos are very different from other U.S. Latinos. Along with Puerto Ricans who live on the mainland, nearly all are products of Anglo-oriented elementary schools. As a result, they usually do not have the formal education in Spanish grammar and national background they would get by attending school in a Latin American country. The senior author (Maria Beals) was reared in a tiny, remote, and monolingual Texas village, with no knowledge of English before age 10, when she was placed in an Anglo school (at the first-grade level). She was later a barrio resident in a major California city, then a staunch Catholic (centering her life on mass and prayer), then a migrant worker nurse, and finally a member of an Anglo-Hispanic intermarriage and of the academic community.

Few Hispanics go through such extreme life changes, but all of us know and identify with the roots of our cultural traditions and family orientation. However, a counselor cannot assume that a Hispanic client fits into some assumed typological category. The key element is where an individual falls within the kaleidoscope of acculturation and its associations with class and education.

Most Anglo Americans realize that Chicanos are often regarded as second-class citizens in the United States, but note that they are also now (in effect) aliens in Mexico as well. To be Chicano (the word derives from Pocho Mejicano) means that the majority of U.S. Hispanic citizens face confusing cultural and educational barriers when they visit Latin American nations—for example, dealing with kilometers, currency exchange rates, *la mordida* (bribes), and even hat sizes (measured in centimeters around the inside of the brim).

Most Chicanos speak a language (Pocho) regarded as substandard throughout the Latin American world. It contains archaic phraseology, locally unique words and meanings, and many anglicisms (such as *los Crismes,* the Christmas season). The reality is that

Pocho is not a corrupted Spanish dialect but a regional language. However, translators educated in so-called formal Spanish are quite likely to assume the client's speech reflects limited mental capacity or ignorance. As a result, the translation in such cases almost always involves elements of what the translator thinks the counselor wants to hear from the client.

The second largest Hispanic group is composed of Puerto Rican Americans who have moved to the United States. Puerto Ricans gained their U.S. citizenship in 1917; therefore, unlike other Hispanics, they can enter this country without restrictions. Despite the political ties with the United States, Puerto Ricans on the island continue to use Spanish as their primary language. English is taught as a second language throughout elementary and high school. However, outside of the classroom, English is rarely spoken. Unlike that of Mexico, the Spanish spoken in Puerto Rico as well as in Cuba (and some countries in Latin America) is characterized by variations in terms of a phonological loss and substitution of, for example, the letter *s* at the end of syllables and words with that of the letter *h*. For example, Mexicans will pronounce *gracias* (thank you) with a distinct pronunciation of the final letter. On the other hand, Puerto Ricans and most Cubans will pronounce it as *gra-ciah*. This may not have cultural implications except that the unacculturated Hispanic transfers this phenomenon into the English sound system. For example, the word *business* might be pronounced *BEEH neh*. More than likely, this will lead to misunderstanding on the part of the counselor and frustration on the part of the client.

Today, the Puerto Rican population is politically divided among those who want to remain as they are (a commonwealth of the United States) and those who want to apply for statehood. A small faction favors independence, but those are few in number as compared with the other two groups. For the most part, Puerto Ricans who move to the United States are primarily pro-statehood. However, in the home, they continue to adhere closely to their Hispanic cultural values and traditions and to their native language. It is not uncommon to see many Puerto Ricans publicly display the Puerto Rican flag on their cars, on their person, and in their home as a reaffirmation of their ethnic identity, a public demonstration of their loyalty to their country of origin, and of their resistance to total cultural assimilation. Counselors need to understand the influence of these political variables on the worldview of the Puerto Rican American client in order to reduce counselee resistance to the counseling process.

Cuban Americans comprise the Hispanic subgroup that has been most acculturated and the most successful in entering mainstream society (Herring, 1997). Cubans fleeing the hardships of Fidel Castro's social revolution have immigrated to the United States mainly through Florida. The upper-class families were the first to leave, followed by the middle-class skilled and semiskilled workers. The less skilled and the dark-skinned were the next group to leave (Martin & Martin, 1991, and Rogg, 1974). The latter group has experienced the greatest problems of acculturation and educational achievement (Herring, 1997).

Immigrants from Latin American countries (e.g., Nicaragua and San Salvador) who seek refuge in this country need special consideration. Quite often, they suffer from posttraumatic stress disorders to a greater degree than do those of other groups. They may experience intense feelings of guilt for having left loved ones behind. They tend to be very distrustful and refrain from revealing personal information for fear of being discovered and deported (Herring, 1997).

There are some statistical generalities that one can expect to find among Hispanic Indians in this country. They are virtually certain to be impoverished. The level of education will probably be from zero to 3 years. They probably speak at least some Spanish but will have problems with any type of technical vocabulary. Their English will probably be limited to a few words or phrases. They will normally avoid any contact with social agencies or psychologists. Therefore, one would be most likely to encounter them as a result of some problem with legal authorities.

Demographically, Hispanic Indians are most likely to be from what anthropologists call the Mesoamerican culture area (roughly from central Mexico down through Honduras). They are unlike Native Americans from the United States for many reasons, including wealth, education, different colonial histories, different culture area traits, and fusion with Spanish society. They will have little idea of psychology or psychiatry. They are second-class citizens of their countries.

For this reason, one needs to take care about identifying a Mestizo as an Indio although the English form "Indian" does not have negative connotations. The politically correct term in Latin America is *Indígena*, although most people do not use it. To explain, in most parts of Middle America, the difference between a Mestizo and an Indian is social rather than biological. A person can change his or her race by learning Spanish and adopting Western dress and social attitudes. Calling such a person an Indio implies to them that they are ignorant and backward, even though they may be physically indistinguishable from the Indian population.

We recommend that no one attempts counseling or assessment for *Indígenas* without special cultural knowledge. They have many folk beliefs that affect their actions and orientation to the world. Regarding these beliefs as quaint is the wrong approach, because they are important parts of a system of causation, explanation, and treatment.

In summary, the Hispanic community of the United States is its most diverse ethnic minority. This reality crosscuts any stereotype of personality type, race, religion, class, citizenship, language, values, or culture. Hispanic clients range from migrant and monolingual Indians from Mexico and Central and South America, to wealthy and upper-class exchange students from other nations, to physicians who have fled Cuban socialism, to juvenile gang members in U.S. slums, to the highly internationally oriented upper class. There is no one Hispanic personality type, value system, or culture, any more than there is one human shoe size or political affiliation.

POPULATION TRENDS

Census reports are affected by complex factors of self-identity, undercounting of migrant workers, illegal immigrants, sampling procedure, mixed and intermarried citizens, Spanish surnames, and typological racial and cultural categories (such as White, Black, Native American, and "other"). The most recent estimates issued by the U.S. Bureau of the Census (1996) indicate a current Hispanic population of 24.3 million in contrast to the 1985 advance estimates of 16.9 million. An advance estimate for the year 2000 shows a total of 31.2 million and 40.5 million for the year 2010. From 1980 to 1990, the White population increased by 7.7%, and the Black population grew by 15.8%. In contrast, the Hispanic population increased by 34.5% (Ponterroto & Casas, 1991). Census approximations for Hispanics in the United States do exist: Chicanos, 61%; Puerto Ricans, 15%; Central and South Americans, 10%; Cubans, 6%; and "other," 9% (U.S. Bureau of the Census, 1990). With the projected high immigration rates, the number of U.S. Latinos will reach 99 million by the year 2080 (Herring, 1997). These figures indicate that the Hispanic population continues to be the fastest growing ethnic minority group in the United States today as compared with the growth rate of African Americans and Whites (Santiago-Rivera, 1995).

Puerto Ricans and Cubans are disproportionately urbanized within the United States as ethnic enclaves in major metropolitan areas (such as New York and Miami). In fact, despite the popular image of U.S. Hispanics as a rural, farm labor peasantry, only a small minority fall into that category. However, Hispanics do form a majority in certain rural areas of Texas and New Mexico. Rural values, along with romanticization of the rural lifestyle, remain strong despite increasing urbanization.

Regardless of subgroup, all Hispanics in the United States live in a *Gabacho* (Anglo-Germanic) world, as minority members. Particularly among the unacculturated, they are statistically more likely to be incarcerated, to be forced into unwanted and culturally irrelevant psychological assessment and therapy by forensic and social service agencies, and to underuse counseling, social service professionals, and agencies. From the standpoint of cultural relevance, the key factor is the extent to which the client is *agringado*—not with ethnic status, subgroup membership, language, or race.

Gringo has many connotations, but its primary meaning is an objective description without a value judgment: non-Hispanic, lacking knowledge of Latino society. The word also (in some contexts) conveys a sense of sarcasm, but it is the main word that describes the non-Hispanic world, as used among Spanish speakers.

STEREOTYPES

Gringo images of America's Hispanics derive from a combination of mass-media characters, modal generalities by anthropologists dealing with ethnographic material, Anglo tourism to border towns, and the heavily typological orientations by educators and psychologists. However, Hispanics find it in their interest to promulgate and exaggerate positive images, such as *cariño* (roughly "affection"), *honra* (honor), and *familia* (family).

Hispanics are dashing, brilliant, and courteous heroes (the Cisco Kid) and simpleminded but loyal friends (his sidekick Pancho). They are also socially dangerous revolutionaries (Ché Guevara). They are noble and self-sacrificing (Benito Juárez, Joan Báez, and César Chávez). They are pompous (Santa Ana) and dictatorial (Porfirio Díaz), but religious (Santa Teresa). Anglo Americans' images of Hispanics are dominated by portrayals in the mass media and have little relevance to the real diversity of the Hispanic population.

In sociological stereotype, Hispanics are dominated by a complexity of folk beliefs and values that explain and create their worldview and personality, such as *machismo* (manlihood), *la raza* (the race), *mordida* (bribe), *patronismo* (protective patronage), and *compadrismo* (the close relationship between godparents and the parents of the godchild). Men dominate society; women are either virginal or prostitutes. Hispanics are poor, passive–aggressive victims of society and share a culture of poverty. Hispanics are voluble and emotional (but stoic and reserved), musical and friendly (but hostile, distant, and alien), fatalistic, fawning, courteous, and deceitful. Hispanics are obsessed with obedience to authority but revolt whenever authority is applied.

The reality is that Hispanics are more diverse in personality and culture than are Anglo Americans. This diversity derives from an ethnic background ranging from monolingual Indians to members of the international jet set. The reality is that the Hispanic population of the United States is becoming more diverse rather than more homogeneous because of immigration patterns in which more unacculturated immigrants arrive as a result of political and economic circumstances in their homeland—for example, the Mariel Boatload Cubans and Salvadoran refugees.

Hispanics do commonly share a set of stereotypes about Anglos, Asians, Indians, and Blacks. The dominant Anglo population is stereotyped as racist and arrogant but also efficient. There is also resentment of the many American and European interventions in Latin American governments and affairs.

ACCULTURATION AND LANGUAGE

A common source of acculturation emphasis among Hispanics living in the United States is language preference and usage. Ethnic identity is mostly manifested through language. Language is the carrier of one's culture (Sue & Sue, 1990) and its most visible expression (Gopaul-McNicol & Thomas-Presswood, 1998). Because Spanish is the primary language of unacculturated Hispanics, they may have difficulty expressing their thoughts and feelings effectively in English. The importance of the relationship between language and culture merits a closer look at the phenomenon of bilingualism and its implications in the counseling of Hispanic clients.

The Acculturation Rating Scale for Mexican Americans (ARSMA; Cuellar, Harris, & Jasso, 1980) is a valid instrument often used in the assessment of a client's acculturation level. The level of acculturation as measured by the ARSMA will determine the language of choice in the initial stages of treatment (Sciara & Ponterotto, 1991). A preference for the English language usually indicates a higher level of acculturation. On the other hand, Spanish as a language preference indicates a lower level of acculturation. It is highly recommended that counselors use the ARSMA as a guide in the development of culturally and linguistically appropriate treatment programs for bilingual Hispanics.

LANGUAGE AND CULTURE

Just as nonverbal behaviors characteristic of Hispanic people (e.g., indirect eye contact, close proximity, and expressive use of the hands) are culturally conditioned, so are linguistic patterns and styles of verbal communication. Primarily, language serves as a vehicle for the linguistic expression of one's cultural norms, values, and beliefs. However, language also operates as a control over a person's thoughts (Whorf, 1978). Whorf explained that language influences how a person understands external reality and how he or she responds to it. Through language, the client's worldview defines and reveals itself. Therefore, Whorf placed greater importance on what a person says than on how he or she says it. In essence, Whorf's linguistic relativity theory states that speakers of different languages are linguistically drawn toward different observations and evaluations of a similar external event. Thus, different worldviews are created. To share the worldview of the client, the culturally effective counselor attempts to develop an understanding of the principles of language acquisition (Arredondo-Dowd & Gonsalves, 1980) and the role of linguistics in the expression of an individual's perception of the external world (Whorf, 1978).

The linguistic relativity principle has important implications in the treatment of Hispanic bilingual clients. If all communication involves symbols that are culturally defined by unconscious systematic language patterns learned from childhood (Westwood & Ishiyama, 1990), then counselors of bilingual clients can reasonably expect to encounter language barriers that may hinder or distort genuine understanding of the client's worldview. Conflict between the English-specific worldview and the Spanish-specific worldview may further complicate the treatment process. It is essential that counselors understand how the English and Spanish cultural and personal systems of language operate and interact, and how that interaction affects communication in the counseling process (Westwood & Ishiyama, 1990).

THE PHENOMENON OF BILINGUALISM

Whorf's (1978) linguistic relativity principle implies that there will be differences in the observation and evaluation of a similar event between a native Spanish speaker and another whose native language is English. For example, the English language cue *family* does not have the same meaning as the Spanish cue *familia.* The English speaker culturally defines *family* from an individualistic perspective. The Spanish speaker defines *familia* from a collectivist point of view. Not understanding the cultural implications of linguistics may lead to counselor misunderstandings and even misdiagnosis of the problem. Unavoidably, the client may not feel validated, and communication may come to a halt. Similarly, bilingual clients themselves experience intrapersonal conflicts between language-specific norms, values, and beliefs. Because language not only verbally expresses thinking but also defines it, a client speaking in Spanish may be operating from a Hispanic cultural worldview. On the other hand, in communication in English, Anglo American cultural influences may be reflected in verbal communication. The language phenomenon, therefore, becomes more complex for the bilingual client than for the monolingual client. The bilingual client may operate from a dual language-specific and a dual cultural framework, sometimes independently, but at times interchangeably (Marcos, Eisma, & Guimon, 1977).

LINGUISTIC DIMENSIONS OF BILINGUALISM

A critical component in the assessment of bilingual clients is the degree of language dominance. Marcos (Marcos & Alpert, 1976) classified bilinguals as subordinate when their language competence in Spanish and English is unequal and as proficient when there is equal command of both languages. A bilingual whose dominant language is Spanish (subordinate bilingual) may encounter language barriers when speaking English. Messages may be misunderstood because of lexical, morphological, syntactical, and phonological interference from one language to the other (Olmedo, 1981). Verbalization difficulties may force clients to focus more on communication process rather than on content. As a result, true meaning is lost in the process.

In addition to loss of meaning, affect is also distorted (Marcos & Alpert, 1976). For example, a client whose dominant language is Spanish may have difficulty expressing in English the emotions associated with past experiences in the context of the native language. This reiterates Marcos's contention that language cues define memory and facilitate the expression of strong emotions associated with those memories.

Another linguistic dimension is language compatibility and incompatibility (Marcos & Alpert, 1976). An example of language incompatibility is the culturally appropriate use of the informal *tú* and the formal *usted,* which have only one equivalent in the English singular pronoun, *you.* The use of *usted* by a Spanish speaker implies respect, unfamiliarity, or feelings of unequal status with the therapist. The use of *tú*, however, implies familiarity, friendship, and/or equal status.

Lack of knowledge of semantic differences may lead to misinterpretations of the client's worldview. It creates barriers to counselor understanding of the dual sense of self-phenomena (Marcos, Eisma, & Guimon, 1977) in proficient bilinguals. These clients have two independent language systems, each defining a separate cultural context. Marcos et al. explained that proficient bilinguals may feel or act differently according to the language they speak.

BILINGUALISM AND LANGUAGE SWITCHING

Level of acculturation and language competence may determine the frequency with which Hispanic clients use Spanish and English interchangeably in the same situation, a phenomenon often referred to as language switching (Pitta, Marcos, & Alpert, 1978). Both subordinate and proficient bilinguals resort to language switching at different times.

Proficient bilinguals are language independent; that is, they have command of both the Spanish and English language. Therefore, they may be able to integrate affect and experience in either language (Marcos & Alpert, 1976). However, depending on the cultural context, they may prefer one language over the other. A study conducted to determine the effect of the language in which an interview takes place on the assessment of psychopathology of Spanish American patients (Marcos, Urcuyo, Kesselman, & Alpert, 1973) demonstrates the influence of language switching on the assessment process. The study indicates that even patients who were fluent in both languages measured higher levels of pathology in the English interview. The patients were evaluated for changes in responses when asked the identical question in Spanish and in English. The researchers found that the content of the responses varied from one language to the other. They also found that responses in English were shorter and less detailed than in Spanish. Differences in speech rate were also noted. Researchers found that the client's speech rate in the Spanish interview was significantly higher than in the English one. In addition, when speaking Spanish, clients paused longer between sentences than when speaking English. The findings of the study were interpreted from both an English and Spanish culture-specific frame of reference. From the English frame of reference, the degree of pathology measured in the English interview with regards to differences in content, detail, speech rate, and pauses might be diagnosed as pathological disturbances rather than cultural–linguistic characteristics of the Spanish language. From a Spanish point of view, the researchers suggested that differences in content and expression of affect might have resulted from culture-specific language cues that triggered different memories and the emotions associated with them. Greater use of detail in Spanish could be explained by the fact that, as compared with English, Spanish speakers are less concise in verbal expression and adorn phrases with descriptive, emotionally charged words. They "beat around the bush" before they get their point across. In addition, the Spanish language is a quick-pace language. Hispanics speak fast. When speaking in English, the speaker's continued use of a higher speech rate than that of the English language might be misinterpreted as an expression of high levels of anxiety by an unknowing diagnostician (Marcos et al., 1973). These language-specific characteristics might be misinterpreted by diagnosticians and may lead to errors in assessment, diagnosis, and treatment of proficient bilingual clients.

Subordinate bilinguals experience similar problems as the proficient bilingual but to a greater degree. They are bilingual Spanish dominant and have low levels of acculturation. This group encounters the greatest language barriers in a counseling relationship with an English-speaking counselor. Syntactical, phonetic, lexical, and morphological interference from Spanish to English, as well as structural and idiomatic differences, result in distortions of the English language that may hinder effective communication with an English-speaking counselor (Olmedo, 1981). Consequently, mutual misunderstandings and misinterpretations will create frustration and increase resistance to the counseling process. Ultimately, loss of trust will make progress virtually impossible. Resistance to the counseling process is intensified when clients cannot fully describe their experiences in the language used by the counselor. These clients have great difficulty expressing in a foreign language the "true" affect of an experience because of excessive preoccupation with how things are said rather than with what is said (Marcos & Alpert, 1976). Not being able to experience an emotional release, or catharsis, may cause frustration and other behavioral disorders accompanied with intense, unresolved negative affect, for example, hate. Castillo (1970) observed that when he interviewed patients in their native language, they showed more psychotic symptoms than when interviewed in English. He explained:

> It seems that the intellectual effort of expressing oneself in a foreign language in which one lacks fluency is equivalent, from the psychologist's viewpoint, to certain stimuli that are apt to awaken a sleeping person and to arouse his (or her) unconscious toward exerting that type of vigilance that is

> either absent during sleep and other forms of mental relaxation or that assumes different forms such as distortion or symbolic disguise. Or it may be that when speaking in a foreign language the speaker is simply more on guard. Language switching by subordinate bilinguals in a therapeutic relationship with a monolingual English-speaking counselor is almost impossible. A bilingual, bicultural counselor can better serve these clients. (Castillo, 1970, p. 242)

THERAPEUTIC TECHNIQUES FOR THE BILINGUAL CLIENT

Repressed, emotionally laden experiences are disclosed more accurately when clients are allowed to express them in their native tongue. However, lack of bilingual counselors may not make this possible. Therefore, it is critical that counselors become familiar with resources, strategies, and techniques that might facilitate the communication process.

Language Switching

Client-initiated language switching may be used to facilitate the therapeutic process (Marcos & Alpert, 1976). The inability of subordinate bilinguals to express themselves accurately in English creates a subdialect often referred to as "Spanglish." It consists of subconsciously inserting Spanish words in an English phrase when the Spanish term has a deeper meaning for the speaker. For example, a Puerto Rican will refer to the community priest as *el Padre* (the Father) when speaking in English: "I have to talk to el Padre about my problem." The community priest holds a very valued, prestigious, and even sacred role in the community as well as in the family. Indeed, he is considered "the father" in charge of their spiritual well-being, which oftentimes supercedes physical well-being and is very much integrated with mental health. Puerto Ricans living in New York oftentimes refer to the roof as *el rufo* instead of *la azotea,* to the building superintendent as *el super* instead of *el gerente,* and to Christmas as *Crismas* instead of *la Navidad.* As the previous examples illustrate, language switching can also be from English to Spanish.

In addition to helping the client express more culturally appropriate meaning, language switching allows bilinguals, especially proficient bilinguals, to manipulate or control the direction of the therapy and the degree of self-disclosure. It may sometimes be used as an escape to avoid therapeutic work (Pitta et al., 1978). When speaking of painful memories in Spanish to a matched bilingual therapist, the client may deliberately revert to the second language as a defense mechanism against emotional anxiety and threat of self-disclosure (Marcos & Alpert, 1976). On the other hand, a proficient bilingual speaking in English may choose to switch to Spanish when linguistically cultural barriers prevent him or her from uninhibited self-expression (Marcos & Alpert, 1976).

Conversely, the therapist attempting to help clients alleviate anxiety and stress by encouraging them to switch to their native language can manipulate the language-switching technique. The therapist may also enhance client self-disclosure by speaking in the dominant language of the client. Both strategies help clients feel understood and validated (Pitta et al., 1978).

Cuento Therapy

Cuento, or folktale therapy, is an approach most recently incorporated into the treatment of Puerto Rican children who suffer from behavioral problems stemming from aggression, anxiety, and hyperactivity (Malgady, Rogler, & Costantino, 1987). The folktales are bilingual in nature and focus on socially appropriate behaviors that are based on the values, beliefs, and traditions of the Puerto Rican culture. In addition, bicultural health professionals are used to provide the treatment (Santiago-Rivera, 1995).

Rational Behavior Therapy and Language Cues

The systematic use of Spanish linguistic cues by a skilled counselor may help bring into the client's conscious awareness the values, attitudes, and beliefs that are culturally bound. Whorf (1978) wrote:

> Linguistics is essentially a quest for meaning. The real concern of linguistics is to light up the thick darkness of the language, and thereby of much of the thought, the culture, and the outlook upon life of a given community with the light of this "golden something," as I have heard it called, this transmuting principle of meaning. (p. 26)

Rational behavior therapy (Ellis & Harper, 1979) relies heavily on the identification and accurate evaluation of the client's thinking processes. Because thought and language are reciprocal determinants of each other (Whorf, 1978), language-specific cues can also be used effectively in rational behavior therapy to help identify irrational beliefs that may be causing emotional disturbances.

Counselors need to develop a knowledge and understanding of the many language cues that can provide insight into the client's world. In addition, the use of culture-specific linguistic cues in Spanish helps promote the development of trust in a counseling relationship.

Counselors need to become familiar with linguistic terms that shape the personality of the Hispanic people and represent conceptual themes that guide their lives. Understanding the dual cultural significance of the following terms may prove useful in the therapeutic process. Their meanings may be influenced by the client's level of acculturation, linguistic patterns of communication, and degree of language competence. Also, the cultural context in which these words or phrases are expressed helps define their meaning in the mind of a Hispanic bilingual. Some examples of English language cues that may trigger a culturally different concept in the mind of an unacculturated client are the concept of family (*familia*), honor (*honra*), sacrifice (*sacrificio*), respect (*respeto*), manlihood (*machismo*), and virginity (*virginidad*). Counseling Hispanic clients requires a close examination of the differences in conceptual meaning between the English and Spanish form of the word.

CULTURAL FACTORS AND COURTESIES AFFECTING COUNSELING HISPANICS

Having argued that there is no one Hispanic type, we must also acknowledge that there are values and beliefs that can clearly affect the appropriateness and outcome of counseling as a practical matter. There are also factors in common among Hispanics (at least statistical generalities among ethnic subgroups) as a result of Spanish colonial history.

Mispronouncing a client's name is a sure way to ensure a client will have little faith in whatever else a counselor says. Families are not pluralized as in English (the Lopez family is *los LO pes,* not *lo PEZ ez*). The second surname (if given) is the mother's father's surname (i.e., Hernández). For example, Juan García

Hernández is, for the short English equivalent, Mr. (or *Señor*) García, not Mr. Hernández.

Titles are extremely important but differ greatly from Anglo usage. Omitting a person's title is considered both ignorant and discourteous; use titles in addressing or referring to individuals. A whole range of titles—*Maestro, Profesor, Doctor, Licenciado, Ingeniero, Don*—have different social applications than exist within Gabacho culture. Use them anyway if a person identifies a title, but be aware that they are sometimes self-assigned as prestige values and may or may not correspond to English cognates or professional degrees.

Most Hispanics, when standing and conversing with others, prefer a shorter physical space barrier than do Anglos—about the length of an elbow, not an extended arm. There are great differences between Anglo and Hispanic traditions of physical space, touching, and greetings. *Abrazos* (hugs) have a specialized etiquette and set of rules. Males in Latin American countries hug, hold hands, and may kiss each other (under certain conditions, such as ceremony and renewal of acquaintance). These customs have nothing to do with homosexual relationship. (Homosexuals in Latin America avoid any public display of affection; such sexual preference is very much undercover and will probably be difficult for a client to discuss. Homosexuality is regarded as a mortal sin among Catholics; among the Aztecs, it carried a penalty of death.) Hispanics in the United States lose much of the touching, embracing, banter, and flirting typical of the ritualized expressions of affection more common throughout Latin America.

Unacculturated Hispanics have a very poor understanding of the role of counselors, psychologists, and psychiatrists. They are often confused with physicians or law enforcement "spies." The unacculturated are likely to tell the therapist what they think the therapist wants to hear. They will generally attribute powers of assessment and cure to the therapist that are far beyond the realities of the situation. Whether the client and therapist are of the same sex is more important in discussion of personal problems than it is among Anglos. A therapist of the opposite sex can expect great reluctance to reveal actual feelings. A translator is likely to modify and misunderstand what the client has actually said. Spanish is highly multivalent, having words and phrases with multiple meanings that can only be understood in context and with the cultural background known.

The movements of political correctness, feminism, ecology, affirmative action, and disabled rights that have recently occurred within the United States are likely to be irrelevant to an unacculturated Hispanic client. Traditional values often conflict with the advice and direction of culturally inappropriate counseling. For example, recommending assertiveness training to a wife in a traditionally oriented family can be a disaster in the conventional family setting, in which females are expected to defer to males.

FOLK DISEASE

Latinos suffer from folk diseases not recognized by scientific medicine. However, such conditions are very real to the people concerned. The extent of folk disease and recommended treatment correlate with educational and cultural background. There are also many local and regional variants to the symptoms and treatment. Many Hispanics (depending on education) have retained a concept of disease derived from Indian tradition and classical Greek medicine (which came to them as the result of the Spanish conquest)—for example, the Greek ideas of humors and the four basic elements of earth, fire, air, and water. Humoral pathology is a diffusion from Greece to Spain (through the Moors) to Latin America. Associated with it are concepts of "hot" and "cold" pathologies and foods.

Hispanic clients are generally pragmatic about medical treatment, seeking whatever means it takes to effect a cure. Many people cannot afford conventional, Western-style medical treatment. As with Anglo Americans, a failure of conventional medicine often leads to an alternative approach through faith healers. Folk diseases (such as evil eye) will appear bizarre to an Anglo American counselor. However, they are deeply rooted in tradition. Moreover, the treatment procedures are derived from centuries of practice, are nearly always medically harmless, and usually provide psychological benefit. For example, "curing with eggs" is accompanied by soothing words and affection for the distressed infant. Folk medicine relies on concern for the patient, psychological comfort, the body's natural healing, and herbal remedies.

Hispanics can suffer from many different folk diseases. *Bilis* (depression) is created by frustration and folk-treated by affection and attention to the individual. *Susto* (fright) represents the departure of the soul from the body; the soul is restored by *curanderismo* ritual. *Mollera caída o hundida* (fallen fontanel) has symptoms of fever and vomiting; it is corrected by pressing upward on the fontanel of the infant. *Empacho* (colic) is caused by foods that stick to the stomach or by being overheated; the treatment is to pull on the infant's skin, rub oil on its body, and use purgative herbs. *Mal ojo or mal de ojo* (evil eye) results in an upset disposition and is caused by envy of the child by strangers, pregnant women, and Gringos; the cure is prevention by touching the child after praise by others, using *santiguar* (the sign of the cross) and *curar con blanquillo* (to cure with eggs). *Embrujado* (bewitchment) is an illness caused by magic (such as a witch's placing a frog into the body); its treatment is countermagic to remove the evil influence. *Pujo* (gastritis) results from excessive drinking and is treated by herbs that fill the stomach.

Torrey (1986) explained that one of the reasons Hispanics are less likely to seek out therapeutic services is because of the continued cultural adherence to beliefs in folk healing and supernatural theories of medicine. Such beliefs, however, are not likely to be discussed with those who do not have genuine intimate knowledge of such practices. Contrary to reports by some researchers, such as Karno et al. (in Padilla & Ruiz, 1973), who recognize the existence of faith healing and its practice (but minimize its influence), practices such as *curanderismo* may be prevalent among the less acculturated segment of the population. It is the norm for such Hispanics, when faced with a physical or mental illness, to first seek help through in-group practices of folk medicine. Among Anglos, the reverse is generally true: The physician is usually consulted first for significant medical condition; then, when standard treatment fails, patients frequently turn to quacks or unorthodox alternative methods of therapy. On the other hand, unacculturated Hispanics usually seek alternative ethnic practices and, when everything else fails, turn to modern medicine as a last resort.

A knowledge of *curanderismo*, folk medicine, and *brujería* (witchcraft) is of great value in working with the large segment of the Hispanic population that endorses such beliefs. Torrey (1986) noted that quite often individuals deny their traditional folk beliefs because they believe such practices are viewed as primitive by the Gringo mainstream.

Whether a client presents a folk disease to a therapist depends primarily on whether the client believes the therapist is knowledgeable about (and accepting of) the condition. Such folk diseases and treatments are virtually universally accepted among unacculturated Hispanics, but are unlikely to be discussed with an Anglo counselor. The importance of folk conditions, treatments, and faith healing in the Hispanic community is clearly underestimated by Gabachos because such subjects are not likely to be acknowledged or discussed with them without a long-standing relationship of trust.

TRADITIONAL GENDER RELATIONSHIPS

A non-Hispanic counselor with a Hispanic client is likely not to know the differences that exist with gender expectations. As a practical matter, one needs to know the traditional, idealized model of sex relationships as a starting point for making a culturally informed judgment. The second thing concerns the individual client variables, such as class, education, and acculturation. Typical client complaints or problems in this area include infidelity, sexual expectations, and nonconformance with traditional sex roles. Take care not to recommend a course of action to a client that would break an expectation, unless you are indeed certain that the outcome will be beneficial. For example, there is a division of labor by sex. Males are not expected to do indoor housework, such as washing dishes and making beds. To do so means to them that their female head of household is not competent.

Following is an encapsulated summary of the ethos of gender. It is changing, but still important to the values of most Hispanics. In Latin American countries, there is a very small group of feminists; for most males the term is spoken with a tone of contempt.

There is a double standard of infidelity. It is not encouraged for males; but, when and if it does happen, it is taken as something that males are naturally prone to do. When and if it does happen, the circumstance should be discrete, should not be an embarrassment to the family, and should not transmit venereal disease. Men are expected to be flirts. An attractive young woman is subject to "catcalls." Anglo women in Hispanic countries often have adjustment problems in being the focus of male attention. It needs to be taken as a cultural trait and one that is complementary, except on rare occasions of obnoxiousness. Older women and escorting males are expected to be protective in such instances. Revealing clothing worn in public is an invitation to harassment (or appreciation, depending on how the woman takes it). It is very Hispanic to advertise products oriented to men by using scantily clad female models, especially if they are blonde. Blonde women (*güeras*) are high-status symbols.

Courtesy is also very Hispanic. Middle- and upper-class women are seen as needing assistance when in public. Males should be "of service" by doing such things as opening doors and carrying packages. Lower-class women and female employees are expected to be particularly deferential. Employees should address the boss in the so-called polite form of speech, run errands, and perform personal services.

The Hispanic world has an idealized model of gender difference. For women, it is *marianismo*—being virtuous, self-sacrificing to the family, and obedient. For men, it is *machismo.* The latter concept is widely misunderstood by non-Hispanics, because it conveys to them a sense of being aggressive and violent. It is true that the concept does involve the willingness to take risks. However, being *macho* means much more. It includes bearing pain without complaint, sacrificing oneself to the needs of others, being brave, and defending one's honor. Being *muy macho* is a great compliment with which a woman can identify a man's character.

There are some Hispanic gender social institutions that do not exist among Anglos. One of them is the *paseo.* The word basically means "promenade," but in this case refers to a custom in which young people can meet and flirt with each other. To explain, unchaperoned dating is not a traditionally acceptable means of teenage interaction. In its classic form, families go to the central plaza following mass. The adolescents are then permitted to promenade around the plaza in small groups to meet those of the opposite sex. When they encounter each other, there is then the opportunity for them to socially interact. In most places in the United States and in large Latin cities, the *paseo* is seen as a charming and quaint relic of the past, but not practiced much today. Another custom is the *quinceañera.* It applies only to girls. In tradition, when a girl reaches her 15th birthday, she is considered to be eligible for courtship. A ceremony is held involving a special mass followed by a feast and secular party. The expense of providing this is often more than the expense of providing a wedding. Most families cannot afford it.

A counselor is likely to encounter some of the factors of gender when working with Hispanic clients. It is likely to be the orientation that clients from Spanish-speaking countries have. Long-term U.S. Hispanics will probably have modified the tradition into more *agringado* forms.

There are numerous practical considerations that reach therapists and social service workers as the result of cultural differences in regard to sex roles—for example, mixed marriages in which one spouse has either Anglo or Hispanic expectations of the other. Another common social work circumstance is with accusation of child neglect, which comes from observation that a female daughter (sometimes barely older than her siblings) is performing so much of a parental responsibility. Generally, it is instead a case of expected role model. In addition, Hispanic families are often large, and the mother needs to depend more on daughters to assume the care of younger children.

Anglo and Chicano women married to Mexican men tend to encounter greater frustration with division of labor than do Chicano women married to Anglo men. The following example will illustrate. It would be humorous were it not for the seriousness of the situation:

> An Americanized Chicana married to a Mexican presented to therapy on the verge of divorce. The problem was that the wife (who was attending school and working) demanded that her husband perform indoor household chores. Despite image reluctance, her mate agreed to help, but was unwilling to be seen doing them. When she left for work and the children were in school, he came up with a very Mexican solution. He would close all the blinds and doors, so that no one would be able to see him cleaning the house. It would look like someone was being paid for it. He did not understand why his wife continued to be upset. She wanted him to be a role model for their male children—to rear them in the version of shared housework. By secretly cleaning, she felt he was defeating the purpose. To him, the secrecy avoided the stigma of unmanly work. Also, it would prevent it appearing

either as if his wife could not manage or that he could not afford to provide her with a maid.

In Latin American countries, middle- and upper-class families almost always have a maid, and so this type of problem is rare. On the other hand, there is often spousal conflict concerning authority over servants. There is no solution to the couple's cultural conflict. However, in this case, a compromise might be reached with some counseling assistance about each other's values. There is no right or wrong, and the proper role of the counselor is to facilitate.

In general, we see this role as paramount. We have, however, also seen many cases in which intervention is clearly indicated: psychosis, murder, torture, arson, and gross dysfunctionalism. One needs to have the wisdom in judgment. As in medical treatment, the injunction is, *first do no harm.* If you must, ensure that the benefit outweighs the cost.

FAMILY STRUCTURE

In Hispanic culture, men and women have different natures. They have been created by God to be complementary. A woman's brain is oriented to emotion, a man's to rationality. The natural head of the household is the senior (eldest) male (although if senile, incapacitated, or incompetent, the position is titular rather than actual). The lowest status (decision-making power) is with the most junior female in the household. The family is a division of labor. The males are expected to provide the outdoor work, income, and family status. The status of a female depends on her male relatives (i.e., spouse, father, and male siblings). In practice, she may have much power but is expected to channel it through a male relative. Daughters are expected to play an important role in the babysitting and care of their younger siblings.

Generally, a Hispanic client will refer his or her spouse, children, parents, siblings, and other relatives so that the therapeutic linkage includes the extended family (it is not unusual to be seeing several members of a family for a course of therapy lasting 2 to 3 years). If a need arises, clients return and use the therapist much like a family doctor. However, it should be pointed out that standard training programs caution against such practices in psychology, because they may give rise to issues of dual relationships that may be contrary to the ethical standards of the American Psychological Association and the American Counseling Association. Dual relationship conflict is a major potential problem for counselors working with Latino clients, more than among Anglos, because therapy is more often a matter of the extended family involvement.

COUNSELING LIMITATIONS AND CHALLENGES

The background and experience of the service provider heavily influence counseling and psychotherapy, like medical practice. As a group, Hispanic professional psychologists have relatively little impact in providing appropriate services to the extremely varied Latino population.

The primary reason is the very limited number of U.S. Latinos with professional credentials that meet national licensing, academic, or forensic standards. Most mental health services to Hispanics by agencies are provided by bilingual social workers or paraprofessionals who have been trained in mainstream psychology and are supervised by an Anglo bureaucracy. In working with traditional Hispanics, it is not only appropriate that the counselor be bilingual and bicultural (Sue & Sue, 1990) but also critical. It is unfortunate that few therapists fit this description. The problem is not that bilingual and bicultural Latinos lack interest in counseling and psychology, but rather that admission criteria for training programs are based on mainstream, middle-class language and background educational standards. Typical problems that limit Hispanics from entering academic programs are Graduate Requirement Examination scores, English composition requirements, and formal education outside the United States. It is a problem with no easy solution, because Hispanics are so internally divided over admission quotas and political programs that give preference to minorities.

Hispanic children are often inappropriately removed from families because the family values and lifestyle do not meet those of an Anglo caseworker assigned to the case. This is not just a matter of placing Hispanic children in Anglo foster care, but is also a sensitive issue among Hispanic subgroups. All Latinos are symbolic *carnales* (a word not directly translatable into English, but roughly meaning "affectionate members of the same flesh and blood"). However, the social situation is that discrimination and value conflict frequently occur between members of different Latino subgroups. Particularly in the United States, lower-class Chicano and Mexican migrant families often discriminate against each other, although this feeling is rarely expressed to outsiders. Nearly all Mexican citizens who are in the United States have social services and child placements directed by either Gringos or other subgroup Latinos. It is a major problem for them and is especially pressing for children removed from their natural parents and national identity.

There are two simultaneous, but different, trends in the United States. One is the highly successful acculturation rate of middle- and upper-class Hispanics; the other is the influx of new immigrants (mostly unacculturated). Incidentally, the present influx of migration is winning demographically. For example, since 1970, the number of foreign born Hispanics has increased from one in five to one in three (Chávez, 1991). Unfortunately, the number of culturally effective counselors needed to meet the demands of the Hispanic population lags far behind.

RECOMMENDATIONS AND CONCLUSION

Counselors need to become sensitized to the influences of cultural heritage, acculturation, and language usage in the treatment of Hispanic clients as well as other linguistic minorities. The treatment design must incorporate intervention strategies that take into consideration the level of acculturation, the degree of language competence, and language preference.

A critical component of the assessment stage is the formation of trust to reduce defensiveness (Westwood & Ishiyama, 1990). Resistance to treatment is less intense when the counselor speaks the client's native language. Unfortunately, the emergence of bilingual counselors is not in proportion to the rapidly growing Hispanic clientele (Ruiz, 1981). However, according to Ruiz, non-Hispanic monolingual clinicians can be trained and supervised by bilingual and bicultural health professionals to work more effectively with linguistic minorities.

During the initial stage of the counseling process, counselors need to beware of relying on questionnaires, initial interviews, and admission forms in regard to Hispanic clients. An example is a 24-year-old Spanish monolingual man who was referred for an evaluation. The minority counselor asked the client to fill out an initial assessment questionnaire. One question concerned legal matters. The client was being examined for a forensic evaluation. The therapist, after looking at the questionnaire, curiously noted that the client did not circle "legal matters." She asked directly if he had legal problems. The client (specifically referred for forensic reasons) thought about the query and answered no. The counselor then asked if he was having trouble with the law or police, and again he answered no. The counselor did not get a sense of denial on the part of the client and decided to try a different approach. She finally asked, "Have you ever been in jail or prison?" This time, the client responded, "Yes, three times—two times for driving without a license and once when they arrested me this time. I was in jail for two weeks." Such responses to questionnaires are not unusual for unacculturated clients, who have different interpretations for the questions than those in the world of bureaucratic paperwork.

Although Yamamoto and Acosta (cited in Sue & Sue, 1990) recommended short-term therapy lasting four to five sessions, with relatively unacculturated Hispanics the treatment often needs to be long term. Unacculturated Hispanics present their problems as they think they are expected to so do—by the slow process of creating trust. It is not unusual for 2 or 3 months to pass before the client develops enough confidence to disclose the real issues.

As in any other transcultural counseling relationship, understanding the client's worldview and cultural identity can lead to proper diagnosis and treatment. Language, as stressed in this chapter, is a critical factor in the formation of worldview and cultural identity. In the case of the bilingual client, problems hindering accurate treatment designs are compounded. It is imperative that mental health professionals educate themselves in this area if they are to meet the needs of the growing number of Hispanics seeking professional help in the United States today.

The following suggestions (Westwood & Ishiyama, 1990) can help facilitate the counseling process:

- Encourage clients to use words and phrases in Spanish to express intense emotions. Observe the nonverbal behaviors during the use of the foreign language.

- Check for accuracy of interpretations of nonverbal expressions.
- Use other forms of communication, such as drawings, music, acting, and so forth.
- Ask clients to teach you culturally meaningful expressions to help you understand their worldview.
- Encourage clients to share items that are significant to them, such as photos, personal articles, books, and so forth.
- Enter the cultural world of the client. Experience the ethnic foods, music, recreational and religious activities, and customs of the Hispanic culture to better understand your client.

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INFORMATION AND HELP

The following are several readily available resources in English that can be helpful to an Anglo American counselor.

Dozens of instructional videotapes on Hispanic issues exist. For example, several departments of corrections use sensitivity videotapes for employees. Advances in television technology have recently offered major sources of shared information among the international Hispanic community. Most cable companies transmit Galavision or Univision (or both). These channels are oriented toward generalized Latino culture in the United States. Most of North America can also receive the Mexican satellite transponders. The importance of television as an instrument of acculturation can scarcely be underestimated. For example, village and community-service satellite dishes are springing into existence throughout remote regions of Latin America. As a result, a client, even from an isolated Latin American village, may know more about certain world events than an Anglo American counselor does. At the same time, such a client usually receives a distorted view of the United States, based on Hollywood movies and the normal news broadcasts, which emphasize social and political problems.

Authoritative English reviews on data pertaining to U.S. Hispanic health issues are available through the American Medical Association's Council on Scientific Affairs. Compared with Anglo Americans, Hispanics are disproportionately at risk for a multiplicity of pathologies, such as diabetes, hypertension, tuberculosis, human immunodeficiency virus (HIV) infection, alcoholism, cirrhosis-specific cancers, and violent death (Council on Scientific Affairs, 1991). Many of these conditions will reach psychological counselors, and many will involve judgments of traditional (often desperate) folk and family-healing efforts.

Heavily unacculturated individuals (mostly migrant workers who are Hispanic Indians) cannot be reasonably assessed without special expertise. Anthropological details of modal cultural patterns are, from the standpoint of forensic, counseling, and psychological practitioners, buried in ethnographic monographs. However, nearly all anthropology departments in major universities have at least one specialist in Latin American culture and can (at least) provide assistance on how to find out more specific information. English summaries of Latin American native cultures are readily available in the Smithsonian series of handbooks, available in any major library and from the Government Printing Office.

Central Intelligence Agency (CIA) and State Department reports contain a wealth of publicly available information regarding all nations, including those of Latin American clients. Overt CIA summaries are available on computer diskettes from shareware vendors, such as TSL (Parsippany, NJ). CIA and State Department sources include phone numbers and addresses of consulates and embassies, should a point of contact be needed in regard to a culturally relevant assessment and disposition of a Hispanic client who is not a U.S. citizen.

Getting a qualified interpreter can be a major problem, particularly in regions that have small numbers of Spanish speakers. For example, as of 1985, 20 states lacked even one certified interpreter for court cases, and only 262 persons had passed the certification requirements (Williams, 1985). To find a court interpreter, contact the Administrative Office of the United States Courts in

Washington, DC 20544. Several formal tests of comprehension among interviewees and clients have been devised that may be helpful in assessment, such as the widely used California Test of Basic Skills. Finding and producing a translator for Hispanics who speak Native American languages is a great (and very expensive) problem. However, there is an organization (the Summer Institute of Linguistics) that translates Scriptures into many Native American languages, and is a potential source of technical linguistic assistance, at least in identifying the language. Be aware that general language or cultural identifications (such as Mayan) are in actuality cultural clusters of different peoples and specific languages. For example, a half dozen major (mutually unintelligible) "dialects" (separate languages) of Mayan still exist and can occur among Hispanic migrant workers. *La familia* (the family), *el barrio* (the neighborhood), *el patrón* (the boss), *la iglesia* (the church), *el compadrismo* (the system of godparenthood), and *los otros campesinos* (fellow workers) are invaluable sources of information and help for all Hispanic migrant workers. Make every attempt to contact them in any case of uncertain cultural relevance. Migrant workers have their own numerous systems of social support and networks (if they are allowed to access and pursue them).

To find out about Latino Internet sites, we recommend accessing the Hispanic Resource Center Saludos Web. From there, one can obtain many undated links for special interest groups and topics. Mexico On-Line is a free service emphasizing travel. However, there is also a form for other types of questions. To access, dial by modem 1-407-582-7801.

CASE STUDIES

Case vignettes are widely used in transcultural counseling as a basis for discussion and training. Two brief, actual examples from case studies are provided for the following:

CASE 1: JUANITA

Juanita, a 25-year-old Spanish-monolingual Mexican girl, was referred for therapy by her attorney. She had been raped by her 25-year-old Mexican fiancé. The girl was distressed, anxious, and in a state of agitated confusion. Her presenting problem was "extreme depression as a result of loss of virginity."

Throughout the gathering of evidence for the fiancé's trial, the attorney was sure the defendant would be convicted, because evidence from the police, medical reports, and the girl's condition all pointed to forcible sexual assault. An all-Anglo American jury was selected for the trial. The rape defendant lied in his testimony, and the jury found him not guilty. The apparent reason was that the Anglo American jury, because of their cultural background, did not believe that a 25-year-old woman about to be married to her fiancé would not be involved in premarital sex.

The girl became even more distraught after the verdict. Soon after the trial, she came for a therapy appointment in a state of agitation. She later pulled out an audio recorder and went on to tell the counselor how she had gotten help from a friend, arranged for the defendant to come to her house, and obtained a taped confession of how he had lied in court. The counselor contacted the district attorney's office about the situation, but there was no interest in continuing the legal case.

CASE 2: HECTOR

Hector, a 14-year-old Cuban in custody of the Children's Service Division (CSD), was referred to a counselor after he misbehaved in school and expressed to his Hispanic caseworker that he was seeing the Devil at night.

In the first session, he revealed to the counselor that he had once accused his father of illegal activity. It appeared that Hector's parents were strict. Conflict existed among the state legal authorities, the parents, CSD, and the child. While the counselor consulted with the CSD representative, Hector fled from the waiting room.

At a second session, Hector was asked why he had previously left. He replied that a man with fire pouring out of his eyes had walked by the office window, and that he had wanted to know whether the man was the Devil. He said that the man had disappeared into the air as he was following him from the office. He related having seen the Devil appear in his room at least four times during the past year. The counselor wondered if medication was indicated. However, a mental status examination revealed results within normal range. The counselor decided to ask Hector about folk beliefs. Hector revealed that when he was very young, his mother had talked about his having the Devil become attached to his back. Later, the family went to a *curandera,* and Hector was "OK" until the past year, when all the problems had occurred.

The counselor asked Hector what he thought might help. He took a religious medal out of his pocket and related that he had gone to a priest to have it blessed, but because of English language barriers he had not got the blessing. The counselor said he would write a note requesting the blessing (in English), which Hector was to take to the English-speaking priest.

Questions

1. How should a transcultural counselor facilitate the cases above? Are the actions taken above ethical and appropriate to the circumstances?
2. What gender or cultural backgrounds in these cases are different from the mainstream Anglo American set of values?
3. What referral sources (such as local agencies) would you provide to help the client?
4. What resources do you recommend to the counselor that would be helpful to obtain in-depth knowledge of the cultural beliefs as given above?
5. How would you predict the outcome of these cases?

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CHAPTER 9

TRANSCULTURAL COUNSELING AND PEOPLE OF ASIAN ORIGIN: A DEVELOPMENTAL AND THERAPEUTIC PERSPECTIVE

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To understand the cultural profile for people of Asian origin, one must understand the influence of the basic Asian philosophy rooted in qualities essential for mutual existence involving self-discipline and hard work. Anyone reared in such a society is certainly influenced by its belief systems, values, and attitudes. Fruitful intervention can be achieved only when counselors develop positive attitudes and appreciate the ways of life of people of varied origins. This chapter provides some developmental information that counselors need to counsel clients of Asian origin. It also introduces issues relevant to therapeutic transcultural interaction with Asian American clients.

STRUCTURAL BIASES AND MYTHS

Asian Americans are unique among ethnic groups in being perceived as a model minority. Asian Americans are successful in Western society in many ways. They have a higher average income than other minorities. The major Asian American subgroups have exceeded the national median income. They place high importance on education and claim many academic achievements. Although this is only a small part of the whole, it leads to the belief that Asian Americans, indeed, represent a model minority.

Asians in America are believed to experience few difficulties, to be well adjusted, and to function effectively in American society. This beliefs is reinforced by their low rates of illiteracy and divorce. Asian families have been able to sustain strict education for their children before they enter school. Such discipline continues until children become adults. The cultural basis for this emphasis on education is the notion that studiousness and virtue are interrelated qualities. For example, Chinese tradition advocates that only through education can one establish oneself with honor and riches and become socially acceptable.

There are other stereotypes of Asian Americans that are incompatible with their model minority status. For example, Asian Americans are considered to be incapable of expressing themselves effectively. A Western stereotype of Asian Americans is that they fail to express themselves psychologically (Rumbaut, 1985).

Asian Americans' difficulty in expression can be attributed to language deficiency as well as a reserved nature. Some Asian immigrants speak limited English before they leave their home countries; others are just beginning to learn English as they arrive in the West. Many have a language differential that partly explains their difficulty with communication. People from Asian countries often maintain a reserved manner. From a Western viewpoint, they are overly shy, but this shyness is due to their natural character. Sometimes these immigrants only hint at their real problems, so the counselor must look beyond what is explicitly stated. Accepting help for physical ailments is not associated with the same dishonor as accepting help for mental problems. Studies suggest that clients express depression and other psychological problems through somatic symptoms such as headaches, weakness, and insomnia (J. M. Lin, Tazuma, & Masuda, 1979).

Counselors with a transcultural perspective work to eliminate myths and stereotypes about Asian Americans. The belief that this population represents a model minority only adds pressure on them. There are some Asian immigrants who have "made it" in society and realized their "American dream," but these people are the lucky few, while most others are still struggling for survival. To most Asians in America, the success story is only a myth.

Myths and stereotypes of Asians in America invariably have functional value for those who hold power. The stereotype of a model minority reduces Asian Americans to an easily classifiable and definable group. As with other forms of racism and ethnocentrism, this stereotype makes it easier for people to attempt to manipulate Asian Americans. As a model minority, Asian Americans experience expectations not only from European Americans but also from other American minorities. In a highly competitive and multiracial society, the concept of a model group can precipitate racial tension and prejudice. Thus, many persons of Asian origin in the United States find themselves feeling nervous, tense, and depressed as they compete with everyone around them.

VALUE SYSTEMS AND SOCIAL ISSUES

The cultural background of any ethnic group is a crucial factor in determining its value system. Understanding a client's cultural background, therefore, is a key element in transcultural counseling.

Asians have a unique cultural heritage, including religious beliefs and practices. Yet they have also made great efforts toward acculturation and adjustment. Their beliefs and values are profoundly rooted in mind and habit. Contrary to the model-minority idea, Asians often have difficulties in adopting new value systems. The embeddedness of a religious belief in sociocultural values, as Tapp (1986) stated, dictates against its adoption by those who do not share such values.

Asian Americans recognize that they should adjust in order to mesh with American society. However, it becomes difficult to reconcile American society with Asian heritage. Asians often adopt a new way of life at the risk of experiencing psychological strain. Conflicts of value systems arise in the process of adjustment. By reshaping themselves to fit into new values, Asian immigrants are creating a new identity for themselves while retaining their cultural heritage. One study by Phinney (1989) shows that the identity development pressure is similar across all minority groups in the United States, but the specific problems facing each group are different.

Subgroups within this Asian minority may have differences in values, but their cultural background leads to similarities in family structure, attitude toward marriage, obedience to authority, and emotional restraint, among other things. Asian Americans have a hierarchical family structure in which elders enjoy absolute respect from the young. It is assumed that the older a person gets, the more maturity and knowledge he or she has. Older persons are respected for these attributes (Ibrahim, Ohnishi, & Sandhu, 1997). They believe marriage is the most important event in life. It must be agreed upon by the parents of the couple. When two persons marry, they should keep their marriage vows to the end of their lives. Divorce is considered the greatest possible tragedy.

Asians are capable of controlling their emotions. In fact, a number of authors have suggested that Asian American cultural values conflict with psychotherapy values (Atkinson, Lowe, & Matthews, 1995; Bui & Takeuchi, 1992; Snowden & Cheung, 1990; Uomoto & Gorsuch, 1984). For example, several authors have posited that seeking mental health services is inconsistent with Asian values of self-control and solving one's own problems (Atkinson et al., 1995; Leong, 1986; D. W. Sue & Sue, 1977; Tinloy 1978) and thus may come into conflict with those of a Western counselor. According to Kinzie (1985), there are eight major areas in which the Southeast Asian client and American-trained therapist may differ: (a) the patient's focus on interdependence; (b) structured and appropriate social relationships versus situational ethics, rejection of authority, and equality of family relationships; (c) living in harmony with nature versus mastering nature; (d) attributing mental illness to imbalance in cosmic forces or lack of willpower versus attributing it to mental and physical factors; (e) lack of knowledge of psychotherapy versus strong orientation to values of psychotherapy and personal growth; (f) belief that treatment should be short and rapid versus belief that it could take a long time; (g) belief that the healer should be active and provide solutions for problems versus belief that the therapist should often be passive and that the best solutions will be developed by the patient; and (h) belief that mental illness represents a failure of the family versus belief that mental illness is like other problems. These conflicts may become barriers to the formation of a therapeutic alliance between the client and the counselor. Southeast Asian clients as well as Chinese American clients focus on interdependence because they feel they must rely on each other to survive. Few of them are comfortable alone in a new country.

While it is recognized that the Asian population is very diverse and many nationalities exist on the vast continent of Asia, the focus of this chapter is primarily on Chinese and Chinese Americans. A number of characteristics of the Chinese, although unique for this group, may also be generalized to other select Asians. Common bonds among the Asian population contribute in part to their shared values.

VALUE OF EDUCATION IN IMPERIAL CHINA

Historically, Chinese men wishing to enter the imperial bureaucracy had to pass a series of civil service examinations, the important ones being held at the county seat, provincial capital, and palace levels. The examinations were extremely rigorous, and only a tiny percentage of those taking each level passed and became eligible for the next level. The exams required an almost encyclopedic knowledge of the Confucian classics and the officially designated orthodox commentaries. The government expected successful candidates to know by memory all the official interpretations of the classics, and thus memorization and conformity were rewarded, whereas imagination and originality were unacceptable. Studies examining the parenting practices of Chinese mothers have found that they are controlling, restrictive, and protective (Bond & Wang, 1983; Chiu, 1987; Kelly & Tseng, 1992; Kriger & Kroes, 1972; Sollenberger, 1968). Being raised in this manner may lend credence to the fact that some Chinese students become very frustrated with instructors who demand creativity in their classrooms.

The rewards for passing these civil service examinations were such that ambitious Chinese spent many years preparing for them. However, once they passed, entry into the upper echelon of the Chinese political and social system was guaranteed. Those who passed the palace exams, for example, could petition the throne directly and received specific legal and economic privileges. The children of those who held official degrees enjoyed substantial advantages, but unless they themselves passed the examinations, the advantages did not last beyond the children's generation.

Holding an advanced degree and occupying a bureaucratic office opened the doors to economic as well as social success, and thus the examinations constituted the very real possibility of going from rags to riches. It was not unknown for children of peasants to become important officials and even prime ministers, subsequently achieving wealth as well as power. Such were the rewards for passing the exams that the dream of every household in China was that a child, or even a close relative, would pass them and bring wealth and honor to the family, clan, and even village.

The reliance on these examinations provided a substantial amount of downward social mobility if performance proved to be substandard and, in theory, adequate opportunities for rapid upward mobility. In practice, preparation for the examinations required so much tutoring and time to study that wealthy Chinese had distinct advantages. Nevertheless, the examination system created a society that valued education. Governments benefited from the system in that Chinese throughout the country memorized homilies about loyalty and honesty before they became officials. An emperor, therefore, had at his disposal a pool of ambitious but also conformist literati.

The symbiotic relationship between the Confucian literati and China's imperial rulers was, in large measure, responsible for protecting the system from any efforts, peaceful or violent, to change or reform China. In many other countries, revolution was often a consequence of frustrated ambition. In China, success was open to almost anyone who studied and succeeded educationally. The education was so laden with the indoctrination of Confucian values that even those who failed to achieve their goals did not question the legitimacy of those aims. From the time of Empress Wu until the second half of the 19th century, the system survived and even flourished. However, the challenges presented to China by an aggressive and expansive Western world changed all of this.

CHALLENGES OF COUNSELING CHINESE AMERICANS AND CHINESE STUDENTS IN THE UNITED STATES

More often than not, the Chinese students who come to the United States have succeeded in examination systems that are similar to the former civil service exams. In the People's Republic of China, the Republic of China (Taiwan), and much of Asia, students must take an extremely difficult and crucial high school graduation exam that will determine their future careers. These exams are not intended to encourage originality of thought, particularly in the humanities and social sciences. Many Chinese educators still believe that innovation and creativity are necessary in science and engineering but are dangerous and unmanageable in other areas.

Such students can become very frustrated with instructors in American schools who demand creativity in their classrooms. The students have experienced a lifetime of discouragement of innovation, and suddenly they are asked to do what they have conscientiously avoided doing to succeed in their own systems. Counselors should be aware of this problem in helping such students adjust to the American educational context.

Chinese Americans and to a large degree other Asian American students may also exhibit cumulative attitudes from their parents. The pressures on these students to produce good grades are enormous. Asian American parents can often accept nothing short of excellence from their children, and many of these students suffer rather traumatically when they are merely average. To Asians and Asian Americans, education is still the only acceptable path to economic success and social acceptability. The age-old prejudices against careers in business have not prevented their parents from becoming successful, but the students themselves are driven to become professionals, preferably with postgraduate degrees. Not achieving this goal is viewed by their own societies as tantamount to failure.

Changing this belief system will require considerable time and patience. Educators and transcultural counselors should be aware of the historical and cultural nature of these issues when confronted with nervous and frustrated students. As these Chinese American students become acculturated, more and more average ones will be noticeable, and counselors will be able to deal with them through standard practices of teaching and counseling. Until that time, however, it helps to understand the historical background of these dilemmas and deal with them with patience and flexibility.

Living in harmony with nature is a well-known ancient Chinese philosophy. Chinese philosophers believed that human beings were part of nature and had to behave as such. The ideal was for human beings and nature to become one. These philosophers believed that the attempt to master nature was a tremendous mistake on the part of human beings. Traditionally, mental illness has been attributed to an imbalance in cosmic forces or lack of willpower, and the person with such illness is often stigmatized. Therefore, the preferred treatment for such illness is short and rapid.

Despite the fact that a large number of South Asians are engaged in healthcare professions, as a group they do not seem to utilize mental health services in proportion to their numbers in the population (Das & Kemp, 1977). One Asian belief about mental illness is that because no one can avoid pain, no one should resist it. One Western approach is for counselors to be passive and to have clients develop their own solutions. In contrast, Southeast Asian patients expect the healer to be active and provide structured solutions to their problems. They are used to relying wholly on the healer and not developing solutions for themselves, as in the Asian method of teaching. Asian students traditionally are accustomed to accepting passively what the teacher tells them; Americans students ask questions and often formulate their own opinions. Because of this difference, there could be a conflict between client and counselor. A conflict does not mean that the client is refusing to cooperate; it is simply a matter of custom. Asian clients often believe that mental illness is a symbol of family failure—a disaster for the client and the family. Therefore, the client often feels ashamed and depressed.

Chinese have a leisurely attitude toward life, based on the idea that nature and human beings should be one. That is part of the reason that most Chinese still engage in a slow pace of life. In the Chinese eye, tolerance is a virtue; yet this might not be necessary in Western society. Chinese pay more attention to others than to themselves.

Confucius was appalled at the political and social uncertainties of his time. He called for a return to a kind of golden feudal period when everyone knew and accepted his or her place in society. The corollary to this was that one's birthright-determined status involved obligations as well as privileges. Thus, according to Confucius, a nobleman had to act nobly. Otherwise his birth privileges were invalid, although Confucius did not specify how they might be rescinded. According to Confucius, the guidelines to noble behavior were in the written Chinese classics of the time. Thus, a nobleman had to either be able to read these himself or depend on someone to read them for him. Confucius expected that only the nobility would wish to learn these wondrous guidelines for behavior. Still he did not rule out the possibility that even common peasants might have questions they would want answered and eventually might even seek education to become better persons. Confucius himself was prepared to teach anyone who wished to learn, as his statement shows. That is why the Chinese are often concerned about what others are doing but do not know what they themselves are doing. The Chinese maintain that success and virtue cannot be separated: One cannot achieve success without first establishing virtue. The Chinese take pride in their ancestry; Americans take pride in themselves. Myths appeal to the Chinese; Americans prefer success stories.

Cultural knowledge can help the transcultural counselor understand client needs and identify areas of value conflicts. Armed with cultural knowledge, counselors can identify the unique needs of clients. At the same time, counselors should be aware that in many Southeast Asian countries mental health problems are regarded as shameful, and clients may be reluctant to discuss their problems directly. Thus, counselors should explain the role of counseling clearly at the beginning of the therapeutic process.

RELIGIOUS AND SPIRITUAL INFLUENCE

To Asian Americans, religious beliefs and spiritual involvement are important factors in their concept of mental health. Therefore, it is important for the transcultural counselor to have a sufficient understanding of these beliefs and practices. Asian immigrants and refugees bring to a new nation their cultural heritage, the essential part of which is their religious beliefs. Although they are driven to adapt to a new environment, they cling to their cultural traditions, which serve as spiritual support and as a way of maintaining their identity.

The major Chinese religions are Buddhism, Taoism, and Confucianism. Chinese cultural beliefs are embedded in Confucianism. Beliefs of Cambodians, Thais, and Asian Indians are rooted in different schools of Buddhism that originated in ancient India. According to some schools of Buddhism, the world is a place of miseries, and life is full of pain. People should be saved from this miserable place; salvation is thought to be not physical but spiritual. Individuals can free themselves from pain by being tolerant and by rejecting desires. Taoism, having originated in ancient

China, advises people to live in harmony with nature. Confucianism is an ethic that stresses order in society. Its concepts also include filial piety; ancestor worship; hierarchical, yet reciprocal interpersonal relationships; and high regard for truth, virtue, education, and social status (Feng, 1983). These beliefs play prominent roles in the lives of Asian immigrants and refugees.

One Asian belief about mental illness is that because no one can avoid pain, no one should resist it. The person with an illness should tolerate it, not feel it spiritually, and the pain will disappear. Another way of dealing with mental illness is to restore physical order to the patient, because mental health is also believed to be closely related to physical health (S. Sue & Morishima, 1982). Some people from Southeast Asian countries are not familiar with Western mental health concepts (Lin & Masuda, 1983). They attach a stigma to mental illness and invariably relate it to internal factors like family disaster or failure, heredity, personal weakness or physical disorder, soul loss, or revenge by fate. Stylistic counseling addresses these factors in its cultural–historical dimension, which has implications for establishing a base for transcultural counseling (McFadden, 1986).

In Asian cultures, the family is the center of life. If something is wrong with the family, it signifies a serious problem. If the parents have mental problems, their children are more likely to have such problems. For that reason, some Asian parents are very careful about the heredity of the persons their children plan to marry.

Beliefs of some Asians include an element of superstition. They may have a profound belief in omnipotent fate, which can take the soul away from the body, resulting in mental illness. However, only those without virtue may lose their souls. That is part of the reason why shame and disgrace are attached to mental illness. In Asian culture, there is no distinction between psychological and physical problems. Mental illness is attributed to a disturbance of internal vital energy. The Chinese and Vietnamese historically treated mental illness by using herbal medicine to restore order to the body. They also use acupuncture. In some cases, patients take leave from work to have complete rest. When Southeast Asian clients present themselves at American counseling centers, their condition is likely to be of mixed psychological and medical nature that may require medical evaluation (Kinzie, 1985). Their physical problems often indicate psychological ones.

CULTURE AND ASSIMILATION IN THE WEST

Sufficient knowledge of the cultural background of the client enables the transcultural counselor to offer effective orientation, as needed, for reasonable and more effective assimilation. The counselor, therefore, should have a clear picture of the major cultural issues from two interrelated categories: physical and psychological. Here, the physical issues are defined as referring to the physical world in which Asian Americans find themselves.

Initially, Asians may have a strong feeling of alienation. A foreigner in Asian countries has high status and acquires certain privileges. However, this is not the case in the United States. Most Asians in America believe that they have come to the most advanced country in the world, and they fear discrimination. They cannot disguise their origins because their physical appearance is different. They may also feel that others regard their countries and culture as inferior. These factors can lead to anxiety or self-hatred for being an Asian.

Unemployment is another major problem, more serious among refugees than among immigrants from Asian countries. Even many with training and experience have difficulty finding jobs because of insufficient preparation or inadequate communication skills. Some Asians in America, especially the young, feel that their own cultures are inferior. This attitude of cultural separatism may cause counterculture behaviors. For example, some young Asian Americans develop a more Western manner merely to cover up what they think is inferior within their own identity. Learning communication skills is the first priority for foreign-born Asian Americans. Learning English is a prerequisite for functioning effectively in the United States: English proficiency strongly influences opportunities in employment and education.

Other important factors in assimilation and acculturation for Asians in America include place of settlement, attitude toward fertility, rejection of cultural biases, and direct interaction with Americans. Living in minority-concentrated areas adds to the isolation of Asian Americans. Increasing suburbanization of Chinese and Japanese may reduce their segregation from Whites (Lam, 1986). Chinese persons will find more opportunities to communicate with citizens of a host country if they do not live in a Chinese-concentrated area such as Chinatown because the intensive population by one group of people could psychologically prevent others from entering the areas for interaction. It is like a Forbidden City within an American city, and other people may go there occasionally but only as tourists. During the process of assimilation and acculturation, members of the younger generation of Asian Americans may regard their own cultures as inferior. There is constant conflict between their Asian origin, which they cannot reject, and the American culture, which they see as appealing. Interaction with citizens of the host country not only reduces probable segregation but also helps Asians adapt in America. Both behavioral assimilation and attitudinal acculturation are influenced by direct interaction with members of the host society (Dworkin & Dworkin, 1988).

Finally, counselors should attempt to establish trust and confidentiality between themselves and their clients. Intercultural rapport between the counselor and the client is essential for effective transcultural counseling. Once this objective has been achieved, the counselor should then make necessary distinctions between subgroups of clients, such as groups of different ages, U.S.-born or foreign-born persons, immigrants, refugees, Japanese, Chinese, Koreans, and others. Different subgroups have different problems, which require different approaches to counseling.

AN INTERVIEW WITH CHUN-CHI CHEN FROM TAIWAN

Q. *Describe some of the basic cultural patterns of the Taiwanese.*

A. Everyone is influenced by Confucian thoughts that are viewed as a guide to the way of being rather than a religious belief. Confucian thoughts are our basic spiritual culture. We are educated to follow the ethical standard of Confucian thoughts without exception. Nevertheless, in modern society, all aspects of our lives are influenced by Japan and by Western culture. For example, there is an inclination toward materialism in shaping our lifestyle, utilitarianism in our interpersonal educational practices and livelihood, individualism in our interpersonal relationship. Because Taiwan is open to all kinds of information, Taiwanese culture could be likened to the process of blending various colors of clay—the original piece of clay is gradually blended with other pieces with different colors; although the original color cannot be recognized, the entity of the original piece of clay still exists.

Q. *What is the typical structure of a family in Taiwan?*

A. The nuclear family is the dominant type of family in Taiwan. A typical nuclear family has two children. Although the traditional big family system (three generations living under the same roof or in the neighborhood together with extended relatives) is gradually going out of date, there is a close connection between generations. We believe that we should do our best to rear our offspring, and we also have the obligation to support our parents in reward for what they have done for us. In terms of the distribution of authority and obligation, it is typical that both parents work and share the right of making decisions.

Q. *What are guidance and counseling programs like in your schools?*

A. The functions of school counselors are limited in our educational system. Most students have the impression that guidance and counseling personnel only administer intelligence tests and counsel students who have special problems, such as misbehavior or truancy. Small schools might not even have a full-time counselor. Under the tremendous pressure of helping students advance to a higher level of education, which permeates throughout our educational system, the important role of school counselors is overlooked. The emphasis is placed on discipline rather than guidance or counseling.

In society, on the other hand, various types of guidance or counseling services mushroom like bamboo shoots after the rain. Most of them are provided by nongovernmental agencies or foundations centering on big cities. These organizations invite helping professionals or scholars in relevant fields to present speeches, worships, and counseling opportunities to the public. Some of them provide guidance or counseling services for certain groups, such as adolescents, parents, and persons who have experienced marital difficulties and divorce. Generally, these services are free or available at a low price. However, it is still not common that people would seek professional help when they need it. This conservative attitude toward counseling or psychotherapy is probably due to our belief in the power of religion and fear of disgrace.

Q. *What role do parents play in school activities?*

A. Parents usually supervise their children on a daily basis in order to make sure that they finish their homework and keep up with the class. Students may also attend or participate in occasional activities such as student sports meetings, a garden party, and other youth-related programs. To supervise school activities, parents can attend the teacher–parent meetings to present their opinions. They also work with parent committees to fulfill supervisory duties.

Q. *What do Taiwanese people expect schools to do in educating their children?*

A. For most parents, the major purpose of education is helping children pass the entrance examination for higher schooling. Because of the keen competition for educational opportunities, especially for entering a university, most parents are not offended if schools balance various aspects of student development by implementing moral, intellectual, physical, social, and aesthetic education. Therefore, parents who do not want their children to suffer in a distorted educational system would emigrate to another country. Parents believe that schools should provide appropriate discipline to maintain good conduct among their children.

Q. *How does one enter marriage, and what does society expect of a couple in maintaining marriage?*

A. People have freedom to make friends of the opposite sex. However, when they consider getting married, they respect the opinions of their parents and obtain an agreement from them. The prospective groom's family will give presents and/or money to the parents of the prospective bride at a betrothal. In addition, the family of the bride will prepare a trousseau for her.

The rate of divorce is rising in Taiwan because people are beginning to see divorce as an option for dealing with marital problems. For the elder generation—persons who are over 50—divorce is considered to be the worst choice for solving problems in marriage and family. For the younger generation, however, divorce is acceptable as the final option.

Q. *How does the Taiwanese culture perceive interracial marriage?*

A. The elder generation considers that interracial marriage is odd and unacceptable. The younger generation has an open mind toward interracial marriage but is conservative in terms of their actions. They believe that more social and political concerns are involved in interracial marriage than marrying a person of the same cultural or ethnic background.

Q. *Explain career development and employment in Taiwan.*

A. Our vocational education is well developed quantitatively but not necessarily qualitatively. Eighty percent of the students who graduate from middle school enter a vocational school. According to a recent report, however, half of the students in vocational schools do not plan to seek a job immediately after graduation because they want to enter a higher level of schooling in order to obtain a degree. A certificate is not as valuable as a degree.

Career development or career counseling services are practiced by public agencies rather than schools in a traditional sense. For example, we have vocational training centers and employment agencies administered by the government to assist career development. Some middle or large enterprises also provide in-service training for their employees. Generally speaking, it is not difficult to find a job merely to make a living, but it is not easy to find a satisfying occupation for full self-actualization and economic advancement.

Q. *How are Americans and their lifestyle perceived in Taiwan?*

A. Taiwanese people believe in the "golden mean" of the Confucian school. That is, they believe that too much is as bad as not enough. For them, Americans are inclined to enjoy too much and give too much freedom to themselves. For example, Americans are thought to drink too much, eat too much, have too many sexual partners, and engage in too much violence. In another point of view, Americans are more open-minded and have more respect for individual differences. As a result, they are likely to mind their own business and do whatever they want to do. Taiwanese people are generally impressed by the quality of the environment in America—the spacious dwellings, limited traffic, and fresh air are what they admire.

Q. *What are the issues that would serve as a basis for a Taiwanese to seek counseling?*

A. Issues such as conflicts between parents and children, marital problems, relationships between the opposite sex among unmarried people, the pressure of advancing to a higher school among adolescents, and career development serve as a basis for a Taiwanese to seek counseling.

Q. *What are some ideas that you would suggest for a counselor working with Taiwanese clients?*

A. Taiwanese people need to learn to accept themselves as well as others for who they are. An underlying reason for various kinds of problems is that people place too many unrealistic expectations upon themselves and on others. Because they internalize great ideas of Confucian thoughts, they sometimes are ashamed of admitting that they cannot function well in society. Counselors are not encouraged to confront the individual's beliefs and defenses. However, they can help counselees clarify their beliefs and explore other alternatives of being. Because Taiwanese people tend to suppress their emotions, transcultural counselors are encouraged to provide a facilitative environment where counselees feel free to express their feelings and behavior.

Q. *Describe your academic expectations and life as a graduate student in an American university.*

A. I hope that I can learn English before I study in English. The reality is that I cannot improve my English proficiency quickly enough in terms of listening, speaking, reading, and writing when I struggle with coursework. I believe that language deficiency is the major barrier to participating in mainstream society for those who do not use English as their first language.

CASE STUDIES

The transcultural counselor should instill in the client's mind an awareness of the need for dialogue in counseling. This may be a long process because Asians in America often lack a clear concept of Western counseling. The counselor should make them aware that the counseling sessions can be as effective as medicine for physical illness. Counselors need to choose appropriate approaches to counsel clients who could be experiencing problems involving cultural differences, as indicated in the following cross-cultural critical incidents.

INCIDENT 1: FROM KINSHIP COMPETITION TO RACIAL COMPETITION

Biodata

Fara Merina is in her mid-20s. She was born and raised in the Philippines and immigrated to the United States in her teens.

Background

Fara just earned her master's degree and is looking for a job. Although she was one of the top students in school, she was not granted a chance that she deserved. Opportunities went to her White classmates. She had to make it herself.

What is more frustrating is the hostility exhibited by people with whom she competes for a position. People asked her why she was here. She was told many times that she had no right to be here and she should go back where she came from. She and many other immigrants were made to feel disadvantaged.

Fara asked herself, "Why am I here?" Apparently, she came here with her parents, who moved to the United States because there appeared to be no bright future where they were born. In the Philippines, everything operated on the basis of personal connections or improper profits. For example, if one wanted a job, one had to know or be related to someone influential, and even pay bribes, otherwise someone else less qualified could prevail.

This is not a just world. People compete with each other all the time. Kinship, connections, race, or some other higher status is the name of the game. Someone like Fara might always be a loser.

Dilemma

Everyone needs to make a living. Fara's parents came to the United States because the survivability in their home country was questionable. However, when individuals in mainstream American society become aware of the pressure for survival, they feel offended by these "aggressive" immigrants. Fara prefers to stay in America, but she does not know how to deal with the complex issues of race, hatred, and economic survivability.

Intervention

Counselors need to acknowledge Fara's desperation, frustration, and alienation. They must be able to help her examine and sort out her priorities and understand that not all Americans are racists. In addition, they might help her explore the positive side of life in this country and develop strategies to deal with the hostile attitudes.

Questions

1. What is/are the underlying reason(s) for race hatred?
2. How can counselors facilitate the transition from hostility to cooperation, from prejudice to nonprejudice?
3. It is probably part of human nature that people are inclined to be partial to their kinfolk or acquaintances of their own race. Although a person may meet other people within the broader context of race, the person is inclined to work toward the welfare of his or her own ethnic group. Commonality is too remote to achieve. What should counselors do to build trust in others?
4. Besides making a profit, what else can people do when they transplant themselves or their business from one country to another?

INCIDENT 2: "I DON'T KNOW WHAT WILL HAPPEN TOMORROW"

Biodata

Sylvan Wang is a Chinese American, middle-aged, married male.

Background

Sylvan came to America in the early 1970s. He graduated from college in the People's Republic of China. Conceiving a great dream for the future, he decided to study overseas. Therefore, he enrolled as a graduate student in the master's program in electrical engineering at a U.S. university. After obtaining his degree, he married and found a job with an engineering company. Several years later, he and his wife became permanent residents of the United States.

Mr. and Mrs. Wang have two children, a boy in the eighth grade and a girl in the fourth grade. When their children were younger, Mrs. Wang stayed home. Since their children became more independent, their mother began a part-time job in the post office 3 years ago. The Wangs work hard to raise their children. Besides general education, they support their children in piano, painting, tennis, and swimming lessons. Although they are not happy with each other, they sustain matrimony by tolerating each other and becoming used to occasional quarrels.

Sylvan is an engineer. He still works in the first company that employed him after graduation from engineering school. He works cautiously and attentively. He has no intention of competing with his colleagues, but he believes that he must work hard to keep his job. Because of current economic difficulties, many employees in his company have been dismissed. He is afraid that it might also happen to him eventually because he is not indispensable. Living in such an unpredictable world makes it hard to know what will happen tomorrow.

Dilemma

Sylvan has great concern about the stability of his job. However, he is unable to discuss the situation and his feelings with his wife. If he loses his job, his family will face financial problems. Can he find a new job? Can he return to his native country? How will his relatives and friends think of him if he becomes unemployed?

Intervention

The counselor should provide opportunities for Sylvan to share his feelings of anxiety and insecurity. It is necessary to help him improve his self-concept and self-confidence. He may need marital counseling as well. Problem-solving skills and behavioral strategies can be applied.

Questions

1. What qualities should a transcultural counselor possess that will help Sylvan with his multifaceted problems?
2. Is Sylvan's fear of job security a typical experience for most people? How can it be approached?
3. What effect does Sylvan's cultural identity have on the probable solution of his dilemma?

INCIDENT 3: LANGUAGE HANDICAP

Biodata

Angela Chen is a 25-year-old female Chinese immigrant. She is a single graduate student.

Background

Angela immigrated to America with her family. She has been here for a year, but she still feels a communication barrier. In her country, every student is required to take English in school for a couple of years. The training focuses on reading and writing rather than conversation. She feels frustrated because she has difficulty in communicating with people about everyday life, which involves experiences, thoughts, and feelings.

Angela has been told that if she wants to use English as an effective tool, she has to live with Americans and think in English. It sounds to her as if she has to abandon her roots and plant herself in a totally different world. Nevertheless, it seems that she has no other choice, because she is determined to consider the United States her second home.

She lives with her family, attends a Chinese church, and spends her spare time with Chinese friends. Nothing differs from her former life except attending classes with American classmates and learning more English. She takes much more time than her classmates to finish her assignments and tests. Sometimes she feels that her mind goes blank when she tries to think in English. How can she collect ideas with limited vocabulary in her memory? She feels as if she can do nothing well as long as she has to use English. She has become aware of what it is like to have a "handicap."

Dilemma

For Angela, it is convenient to continue living in the same way, and it is terrible to separate herself from her own culture. However, if she is not willing to try harder to improve her English proficiency, she could be at a disadvantage.

Intervention

Counselors need to help Angela explore self-awareness and self-acceptance. Counselors can help her understand that learning English does not necessarily mean losing her identity. It may take more time to master a language after she passes a certain stage, but she could become bilingual if she invests time and interest. Angela might need academic assistance to help her adjust to a new learning environment. She also may need guidance screening for better ways to learn English.

Questions

1. How could a transcultural counselor help Angela overcome her problem and build self-confidence?
2. On what should the counselor focus to help Angela?
3. To what extent does the term *handicap* influence Angela in forming an image of herself relative to the communications ability?

CONCLUSION

Transcultural counselors can be catalysts for the enhancement of knowledge among mental health providers on behalf of people of Chinese origin. The premise that a barrier for one is a barrier for all captures the true meaning of cultural bridge building between counselors and clients. This chapter has offered an understanding of and strategies for providing effective services for Chinese and Chinese Americans. Inasmuch as Chinese constitute a major segment of the world's population, and inasmuch as they encounter a number of dilemmas in the process of acculturation and assimilation in the West, counselors need to examine their own philosophical outlook and counseling orientation to ensure success in working with people of Chinese origin. Transcultural counseling promises to help immigrants and refugees from Asia succeed in their new country.

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CHAPTER 10

TRANSCULTURAL COUNSELING AND ARAB AMERICANS

NUHA ABUDABBEH AND HALA A. ASEEL

There is a distinct difference between Western and non-Western cultures in their perceptions and attitudes toward the concepts of counseling, psychology, and the treatment of mental illness. Years of practice and research within the Arab and Arab American communities have shown that culture, religion, and even history can significantly affect a person's or a society's receptiveness toward seeking assistance for psychological problems and in determining the most effective approach to treatment.

To provide a broad overview and best illustrate the fundamental differences between the Western and Arab cultures, this chapter is divided into the following segments: a historical perspective, religion, language, family, gender differences, Arab Americans, and how community outreach programs are affecting treatment.

A HISTORICAL PERSPECTIVE

WHO IS AN ARAB?

If asked to define "the Arab Nation," most Arabs would say it included all people who speak the Arabic language and claim a link with the nomadic tribes of Arabia, whether by descent, by affiliation, or by appropriating the traditional ideals of human excellence and standards of beauty. This definition would include reference to a historic process, which began with the religion called Islam, which was delivered to the people of the Arabian Peninsula by the Prophet Muhammad nearly 1400 years ago. This process is one in which all Arabs played a leading part and by virtue of which they can claim a unique role in the history of mankind (Hourani, 1967).

Language is a keystone in Arab religion, thought, and culture. While many other people feel affection for their native language, the intensity with which Arabs regard their language is best described as passion. Arabs consider their language to be one of their greatest cultural treasures and achievements because all its nuances are so difficult to achieve (Nydell, 1987). Today Arabic is spoken by 130 million people, although the dialects vary within the region. Classical Arabic is used for formal speech, broadcasting, and writing and is understood by all Arabs.

A BRIEF HISTORY OF THE ARAB PEOPLES

Several historical factors have significantly affected how Arabs define and view themselves in today's world. The period between the 7th and 10th centuries AD witnessed the emergence of one of the most profound and influential historical changes in the Arab world: the birth and spread of the religion of Islam. The Prophet Muhammad called upon the people of the Arabian Peninsula to submit to the will of God as expressed in a series of revelations given to him by the Archangel Gabriel, which ultimately comprised the book called the Qur'an. Muhammad united the tribes of Arabia in the name of Islam and guided them to the conquest of the surrounding countries. This era saw the spread of both Islam and the Arabic language and the building of an urban civilization.

The Arab world experienced its second significant historical period during the 15th and 16th centuries as it fell under the domination of the Ottoman Empire. This era also is considered the last great expression of the universality of Islam.

During the 19th century, as the European countries vied for hegemony in the region, Muslim states was forced to adopt new systems of government and law to face the newly developing realities. Islam's legal practices were preserved, but new thoughts emerged and the Arab world subscribed to European ideas without being untrue to Islamic beliefs and cultures. A new class of Arab "intelligentsia" was created; one which was convinced of the need to adopt European ideas to improve living conditions in their countries.

The United Nations' plan to partition Palestine, and the subsequent creation of the state of Israel by the Jewish population in 1948, ignited a political reaction that led to the fall of most of the old regimes in the Arab countries. The new regimes were committed to nationalism that aspired to the close union of all Arab countries, independence from the superpowers, and social reform in the direction of greater equality. The defeat of Syria, Egypt, and Jordan in the 1967 Arab-Israeli war halted the advance of these goals and led to a period of disunity and increasing dependence by Arab countries on either of the two superpowers, the United States and the Soviet Union. On a grassroots level, however, contact among the people increased, transmitted through the written, visual, and oral media. Some Arab countries experienced a rapid economic growth, thereby encouraging emigration from their Arab neighbors.

A strong expression of Islamic feelings and loyalties reemerged in the Arab world in the 1980s, which provided a solid base for the lives of Arabs and filled a need for their own traditions and customs as opposed to adopting those from the Western world. The final historical event to have an impact on Arabs and Arab Americans was the 1991 Gulf war, which provoked internal strife within the Arab world.

RELIGION: ISLAM AND CHRISTIANITY

ISLAM

Political events in recent years have brought Islam into the consciousness of the Western world but, unfortunately, more as a demon to be feared than a religion to be respected.

The essence of Islam, as taught by the Prophet Muhammad, was transmitted through the Qur'an, which is believed to be the word of God. In addition to the Qur'an, the laws of society were further elaborated on by adding the Prophet's own sayings (*hadith*) and his practices (*sunna*). The hadith and sunna include specific commands on issues, such as marriage and the division of property, and also address daily habits regarding how and when to worship God and how people should treat one another. A fourth dimension was added, taking into account certain pre-Islamic traditions and also integrating other existing societal norms and customs. Islam is also based on a revealed law called *Shari'a.*

According to the Qur'an, there are five basic obligations that Muslims are responsible to observe, which are known as the "pillars of Islam." These are (a) oral testimony that there is no God but one God and that Muhammad is His prophet, (b) ritual prayer practiced five times a day, (c) giving a portion of one's income for alms and charity, (d) keeping a strict fast of no liquid and food from sunrise to sundown for the entire month of Ramadan, and (e) holy pilgrimage to Mecca (*hajj*) once in a lifetime at a specific time of year (Shabbas & Al-Qazzaz, 1989).

Followers of Islam believe that the Qur'an and other scriptures are God's guidance, sent to mankind to show the way to the perfect human state. Happiness may be found in this world to some degree but for the most part is stored away for the next world (Ryce-Menuhin, 1996). Islam provides guidelines for Muslims who want to reach self-actualization and happiness but also provides the answers to questions about life, death, practice, rituals, relationships, marriage, divorce, family, depression, suicide, sex, and education. One may reasonably state that, for Muslims, Islam is a "psychological" religion that has answers about everything in life.

Muslims are strong believers in fate. When a Muslim is faced with a life crisis such as illness or death, he or she believes that it is fate and a test from God and that his or her patience in this world will be rewarded in the next. This helps to decrease anxiety in a Muslim. Muslims are also strong believers in the unseen. Invisible things stand closer to reality than visible things and manifest God's signs more intensely than the object of sense perception. For instance, Muslims believe in the existence of angels, bad spirits, and the evil eye. Under Islam, the use of black magic to gain a wish or to cure someone is forbidden.

CHRISTIANITY

Approximately 14 million Arabs follow the Christian faith. The Arab country with the largest Christian population, where they constitute almost one half the population, is Lebanon. In all the other Arab countries, Christians remain in the minority, with the highest percentage in Sudan, followed by Syria, Egypt, Jordan, and Palestine. The largest Christian congregation in the Middle East is the Coptic Orthodox Church, numbering nearly 6 million adherents, the majority of whom are in Egypt. Although Christians constitute only 10% of the overall Arab population, Arab Christians are described as having played a disproportionate part in the political activities of post–World War II Arab countries, especially in the nationalist movement in the Middle East and in the Palestinian movement (Carmichael, 1977).

Often Christians would impress outsiders as more "Arab" in their Arab nationalist position in comparison with Muslim Arabs. It is not uncommon among Arab Americans to find Arab Christians holding traditional and conventional attitudes toward a variety of issues synonymous to those held by Muslim Arab Americans.

ARAB AMERICANS

The Arab American population in the United States today is currently estimated at 3 million people. Contrary to common belief, studies show that only 33% of Arab Americans are Muslims, with the largest concentration in the Detroit (Michigan) area, followed by Los Angeles (California), Brooklyn (New York), and the Washington, DC area (Zoghby, 1990). The Arab emigration to the United States can be tracked in two distinct waves.

The first wave, which occurred between 1890 and 1940, consisted mostly of merchants and farmers who immigrated for economic reasons from regions that were then part of the Ottoman Empire. Ninety percent of the immigrants were Christians who originated from the regions known today as Syria and Lebanon. These Arab immigrants differed from others in that most chose to work as peddlers, were independent in lifestyle, and were relatively more affluent—earning up to $1,000 per year in contrast to other immigrants who worked in mines and factories and earned an average of $600 per year. They also seem to have assimilated in their new country with relative ease.

The second wave of Arab immigrants began after World War II and continues today. Unlike their predecessors, this group consisted mostly of people with college degrees or those who had come seeking higher education. These Arab immigrants also differed in that the latest immigrants came from all over the Arab world—from regions of post-European colonization and from sovereign Arab nations. Reasons for this emigration vary from political changes to civil war to seeking a better life.

The second wave, however, arrived with an "Arab identity" that was absent in the first wave of immigrants. With the crystallization of an Arab identity also came the expression—the practice of traditions and customs—that affected either a hyphenated identity as Arab American or an alienation from the majority of society. By the 1970s, the trend of easy assimilation began to change into a separateness that was built on a political ideology that centered on the Arab–Israeli conflict and was also based on rejecting Western norms and customs.

THE ARAB-MUSLIM FAMILY

Whereas pre-Islamic Arabs found their strength in tribes, Islam emphasized the extension beyond the tribe, considering all Muslims as brothers and sisters belonging to the same *umma.*

Within the *umma,* families are given importance as units within which men are given specific duties toward their wife and children. Honor for women is keeping their chastity; for men it is religiosity, hospitality, and courage. Both men and women are expected to contribute to the support and maintenance of the family unit according to traditional codes of family and honor, and both are responsible for raising the children. Children are counseled to honor their mothers and respect their fathers. Both parents and children are committed to the happiness and good of the family as a whole above the fulfillment of individual wishes and self-satisfaction.

Today there are many signs of strain on the traditional system, because of factors such as industrialization, urbanization, war and conflict, and Westernization. Despite these pressures, however, the family remains the main system of support throughout the Arab world and for Arabs living elsewhere. For the majority of Arabs, it is difficult to find an agency that can replace the family as a support system.

ARAB WOMEN

Before the advent of Islam, women in Arabia were treated poorly by men. Women's lives revolved around pleasing their men folk and bearing children; they had no right to make decisions for themselves or in their society. With the inception of Islam, women assumed their rights as human beings and members of society. "All mankind are one, and mutual rights must be respected: the sexes must honor each the other," states the Qur'an, illustrating gender equality.

Arab women today are not only housekeepers and bearers of children but also play a larger role in the Arabic societies. Arab women are doctors, nurses, politicians, teachers, bankers, psychologists, and businesswomen. The Arab woman is, however, still expected by society to fulfill her role as a wife and a mother, which is considered far more important a role than any outside the household.

Trying to fit into the stereotypical role, yet wanting to fulfill the dream of achievement and success outside the household, puts the Arabic woman at risk of physical and mental distress. The women most at risk are those who emigrated and are attempting to balance the values of their cultural heritage with those of the new host society (Meleis, 1991). On one hand, she is trying to retain her Arabic traditions and values and be the caring mother and wife; on the other she wants to be the independent Western woman, who strives to prove her ability and create an identity while competing with men in the workplace.

ARAB AMERICANS AND MENTAL HEALTH PROBLEMS

The field of psychology was present in Islam and discussed in the Holy Qur'an even before the birth of psychology in the Western world. The Qur'an addressed the human personality and divided the human soul into three parts: (a) the righteous soul, which followed God's guidelines and did all He asked; (b) the self-reproaching soul, which does sin but suffers the feeling of guilt; and (c) the evil soul, which incites evil, sins, and does not follow God's word.

The emphasis on family as the source of support, in addition to the concept of the *umma* in Islam, discourages Arabs from seeking professional help for their emotional problems. The likelihood of an Arab family accepting psychotherapy as a form of treatment is therefore not probable. In addition to the threat of revealing much treasured family values and traditions, the therapeutic intervention may also be seen as interfering with the authority of the husband and father and of what is accepted to be the norm according to religious teaching.

Muslim Arabs seek, and do find, comfort and healing in their religion. As mentioned previously, Islam gives Muslims guidelines for self-actualization and happiness. Muslims are inclined to seek some sort of counsel from religious leaders, or *imams* (sheikhs), who assist in answering the person's questions.

Since the Gulf war, a concerted effort to educate Arabs through the medium of radio has prompted a change in attitude toward seeking assistance from trained professionals (Abudabbeh, 1994). The extent of this change is difficult to measure because statistics are available only from the Naim Foundation in Washington, DC, a nonprofit institution that provides social, health, and educational services to the Arab American community.

The Naim hotline, where crisis intervention and assistance is provided in the many Arabic dialects, receives a monthly average of 40 telephone calls that are related to problems ranging from loneliness and depression to physical spousal abuse. On the basis of the statistics collected at the Naim Foundation, the likelihood of Arabs telephoning for help, as opposed to coming in for treatment, is much more likely. Men are as likely, if not more so, to seek treatment as are women (Abudabbeh & Nydell, 1993).

Treatment can be enhanced if the therapist or counselor relinquishes traditional approaches, such as adherence to the most formalized aspects of conducting psychotherapy. A therapist or counselor can therefore facilitate working with a family if she or he is willing to go to the clients' home and is also willing to persuade the resisting party into participating by calling them and convincing them to come. These methods fit in with the Arabs' response to kinship and respect for those who make an effort, in contrast to a negative reaction to formalize relationships with caretakers.

The Arab community in the United States continues to be caught between the Western values surrounding it and its conflicting Arab customs and traditions. Some of the problems the counselor treats include generational conflict, when parents have difficulty instilling Arab cultural norms and the children have difficulty accepting their parents' norms; male–female issues, when women (either as daughters or wives) insist on changes in the way they are treated, as they see women being treated more equally in the surrounding culture; choosing a partner, when a struggle exists between choosing a partner whom the family wants and choosing, Western style, someone you fall in love with (a dilemma that occurs both among men and women); and cross-cultural marriages, which usually present cross-cultural problems and conflict over child rearing and other culturally divergent expectations.

As the community becomes aware of the impact of the loss of the major support systems that was available to them in their country of origin, however, its members begin to see the merits of seeking help where it is available. Because of the secrecy that shrouds the area of emotional problems for Arab Americans, little or no information is available for them to seek assistance outside culturally appropriate centers, such as the Naim Foundation or ACCESS (located in Detroit, MI). It is generally assumed that those who are able to use American health professionals are those who speak English, are more educated, and are more Westernized. It is also assumed that the centers specializing in treating Arabic-speaking people with little fluency in English and a lower degree of Westernization are likely meeting the needs of those people.

ARAB AMERICANS IN THERAPY

When seeking professional help, the Arab American, or the Arab living in America, may seek the advice of an outsider. A major deterrent to seeking help in that manner, however, is exposing oneself to the outsider. The risk of exposing family secrets, or its shortcomings, to an outsider, where any "shameful" behavior is a reflection on the whole family, challenges a family's participation in therapy or counseling. Many Arabs approach therapy or counseling as a visit to the doctor who knows more than they do and who, in turn, will be telling them and teaching them how best to change the situation at home. This is applicable to the less educated, in contrast to what occurs among the more educated.

In circumstances in which the family is not dealing with a distinctly clear situation, such as a child with an eating disorder or other forms of an Axis I type of diagnosis, whoever is in authority (usually men) is likely to present obstacles to treatment by engaging in denial. If forced to accompany his wife to treatment (in most cases, men are more resistant), he, unlike his spouse, will challenge the authority of the therapist competing for control of the family. The highly structured relationship of authority that exists between parents and children make this a difficult modality for treatment. To enhance treatment, however, the therapist should keep in mind that in-depth and insightful therapy is contraindicated and that more didactic and structured therapies are more useful. In the event a husband or father is unwilling to come for therapy, calling him and personally discussing the matter with him may induce him to participate.

CASE ILLUSTRATION 1

A 15-year-old Arab American male was brought to treatment by his mother, who was a European American married to an Arab. Although the children in the family were not raised as Arab Americans, it became clear during intake that the father's background had played a significant role in determining methods of punishment. His role in the family, in contrast to that of the mother, presented factors that further complicated the family dynamics. With a possible inherited susceptibility to depression, exacerbated by the father's rejection of a Western understanding of mental illness, issues of treatment became a power struggle between the husband and wife. Despite the fact that every facility that became involved in treating either of the siblings were consistent in recommending family therapy, it was never implemented. Innovative approaches were used by the therapist, such as creating different dyads to deal with different issues, and supplemented by meeting with all the family members whenever a crucial stage in treatment was reached. The ideal alternative of ongoing family therapy was therefore relinquished and replaced with a hands-on solution.

The counselor should keep in mind the hierarchical and patriarchal nature of the family dynamics, while helping the parents to accept the practice of some nontraditional norms in the family. In dealing with Arab families, it is not uncommon to expand the definition of family to encompass that of a parent accompanying a daughter or son of mature age.

CASE ILLUSTRATION 2

A 38-year-old Arab single man was referred by his treating psychiatrist for psychotherapy to help him resolve his intricate family situation. S. had met his non-Arab wife while she was visiting his country. They fell in love and became intimate. She became pregnant and wished to have the baby, as this was possibly her last chance to have a child. She did not pressure S. to marry, as she was already married but separated. S., however, desired to marry her, not only because of his feelings toward her but because of the pressures of obligation and blood ties to the then unborn infant. She obtained an amicable divorce from her former husband, following the interest of S. to marry her as the mother of his child-to-be. Certain agreements were made regarding the future rights of S. with respect to the child. The years subsequent to the marriage and the birth of the child were years that highlighted all the differences between the couple, leading to a marriage (a permanent commitment to wife and child), which rendered a reasonable solution of separation as unfathomable. Unconventional methods of treatment in this case included discussing the concepts of marriage, Western as opposed to Arab. The therapy sessions included the parties significant to the problem and possible future solution, including the wife, the mother, and relevant others. All the principles that constitute family therapy, telephone conferences and other means, were used to help S. work through his conflicting feelings toward a healthy resolution to the family crisis. S. did not come for therapy as defined by Western norms; he came for guidance from an outsider to assist him in "fixing" his home situation. Because his English was extremely limited, this work had to be done by someone who spoke his language and someone he perceived to be an ally, sharing the same background.

COUPLE THERAPY

Unlike other ethnic groups to date, the experience at the Naim Foundation has been that Arab couples are more likely to seek therapy than families. Whereas families have had to be "lured" into treatment, couples have represented a steady stream of patients. This may be due to the motivation to keep a marriage going because divorce is frowned upon, and keeping the family intact is paramount.

Problems presented by couples cover many different areas and include those who seek help following physical or emotional abuse by the spouse, most often as experienced by the wife; couples who are unable to consummate their marriage for a variety of reasons; women whose husbands are seeking a second wife but are unwilling to give them up; and men or women who married to please their families but found themselves unable to continue with the marriage.

CASE ILLUSTRATION 3

A. was a male self-referral who was highly educated and has spent a considerable amount of time in the West. When it was time for him to marry, he chose to please his family by marrying a woman they chose. In opting to marry someone of his family's choice, A. had given up another woman with whom he had been in love. The problems in the marriage began as A. discovered that his wife was physically unattractive to him, although in reality, the wife was quite attractive. As he began rejecting her and her ways, she also became critical of him but was unwilling to terminate the marriage without trying. At that point, the methods for mending the marriage also caused further disagreement between the two. By the time the couple arrived for therapy, the issues between them had already polarized to a great extent and A. had already informed his wife about his first love. Although the wife was willing to come into therapy, she continued to call her family to complain. The family subsequently called A. to pressure him to change his ways and work harder at making the marriage succeed. These family pressures included attacks on seeing an outsider, namely the therapist. Major issues, in addition to A.'s obvious ambivalence if not rejection of the marriage, were the role of religion in the marriage, friendship, and the extent to which their families would be allowed to interfere.

Initial sessions with the couple were devoted to exploring their backgrounds and the points of differences between them, with the idea of helping them to develop better skills of communication and conflict resolution. These attempts to help the couple were ineffectual, however, as both sides of the family became increasingly anxious about the failure of the marriage. Several traditional solutions, which contradicted the therapeutic process, were suggested to the couple. This culminated with the wife refusing to continue therapy. The husband, however, continued his sessions to help him terminate the marriage despite family threats and pressures.

CASE ILLUSTRATION 4

F. called to complain about physical abuse. She had two children from her marriage and lived in an isolated area where she did not know any other Arabs. She did not want to call the police because she did not want to break up her family. In addition to physical abuse, her husband was psychologically abusive, preventing her from learning to drive and from taking English classes.

Initial counseling via telephone assisted F. to finally approach her husband, insisting that he seeks professional help with her, as a couple, with the real threat that she would leave him if he did not. She had been assisted to make proper arrangements with a third party with whom their therapist had also spoken. Following the threat, F. came with her husband for several sessions. Home visits were made to enhance trust between the therapist and the couple. Gifts from F. were accepted and an invitation to the birthday of the daughter was also accepted. These acts of hospitality and exchange of gifts facilitated treatment for the couple, whose main problems were related to isolation, whereby the husband may have exercised excessive and unnecessary power to keep his family together. Initial sessions make it clear that this was a viable marriage, an assessment which was accurate in that since the sessions this marriage has remained intact. F. presently is driving, and her husband has cooperated and made appropriate changes to make her feel better, consequently creating a better life for each of them.

CONCLUSION

Similar to what can be said about other minorities or culturally diverse groups, the Arabs are newcomers to the benefits of counseling and psychotherapy. Seeking counseling or psychotherapy is not an instinctual behavior, it is a learned behavior. The benefits of counseling and psychotherapy, or psychological intervention, as we see it today, is the outcome of at least half a century of ongoing research and education in the United States. The Arabs' sensitivities to incorporating other cultural norms into understanding the delivery of services is even more recent. To ensure the delivery of optimal services to populations of non-Western persons calls for educating both the service providers and those who receive the services. The Arabs do not differ from any other population in their need for such an education. To provide the appropriate services, one must emphasize education. The experience to date supports the impression that when this population becomes aware of the benefits of counseling as an essential tool in achieving a better or less stressful life, it is as good a candidate for counseling as any other group. As is applicable to other non-Western populations, Arabs also could benefit from changes in the approach used in the delivery of services, changes which would incorporate some of the expectations Arabs may seek from a counselor.

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CHAPTER 11

TRANSCULTURAL COUNSELING AND EUROPEAN AMERICANS

LEE J. RICHMOND

It is estimated that more than 70 million people already lived in the "New World," 7 million north of Mexico, when the first White people, fugitives of a postfeudal and conflict-ridden Europe, set foot on America's shores. Gold-seeking Spaniards, indentured English, and French traders, later to be farmers, had little enough in common from the first. In the 1800s and early 1900s, when these settlers later were followed by the Germans, Irish, Poles, Italians, Lithuanians, Greeks, and Jews, there was much conflict. Suffice it to say that European Americans are hardly one people. Many people who today are called Anglos have no connection to English history, and more than few have little or no connection to Western Europe. Modern Caucasian immigrants are likely as not to be Russian or Hungarian. They are very possibly Russian Jewish refugees with as little connection to democracy or to counseling as the Asian immigrant from China or the Hispanic immigrant from rural El Salvador.

Despite these very obvious differences in Caucasian peoples, the counseling profession has long looked at all Caucasians as part of a monolithic majority culture, frequently called Anglo Americans; closer to the truth is that this "majority culture" is itself composed of multiple minority ethnic groups, each with its own traditions and habits. This chapter is designed to examine these differences as they relate to present-day counseling practice in the United States.

STRUCTURED BIASES AND MYTHS

All Caucasians are not Europeans; all Europeans are not Anglo-Americans, and White people do not constitute a monolithic culture. Counseling, often accused of being a White, middle-class phenomenon, invented by European Americans for European Americans, pertains to all Caucasians no more than to all members of other groups. Within-racial-group differences among European Americans have been overlooked in counseling literature and, up until now, in multicultural texts. Theories of counseling such as those of Carl Rogers, Albert Ellis, or Aaron Beck, to name only a few, do not differentiate within groups of European persons any more than they differentiate between groups. Multicultural theories, or Afrocentric theories, such as that of Helms (cited in Pederson, Draguns, Lonner, & Trimbel, 1996), suggest an identity model without differentiating Jew from Greek, or Irish from Italian. In the model proposed by Helms, White people progress through various stages. First, there is lack of racial awareness. Later, an awareness of one's whiteness leads to guilt and anxiety over the treatment that Blacks have received at the hand of Whites. Finally, there is understanding and appreciation for self and others. Although this model may pertain to some White people, many Caucasians who ventured to America may well have been, themselves, products of racial or political injustice in other countries and may not experience these stages.

All of this is not to lay blame, but to call to account the woeful inadequacy of counseling theory when it does not consider the within-racial-group differences that exist in the history, in the culture, and in the values of all people. Among European Americans, there are vast ethnic group differences that extend to what religions are practiced, to what foods are eaten, and to what are acceptable family frameworks.

Not only is there a myth that there is such a thing as a single White culture, there is also a myth that this culture is superior and will maintain its hegemony in perpetuity. This is patently false. What is true is that, in 1820, most immigrants to the United States were of Anglo-Saxon stock (80% of the 9.6 million people who immigrated here, listed by country of origin, were White; Rose, 1974, p. 65). These 80% were largely Anglo-Saxons, and there is little doubt that they exerted a powerful influence on later immigrants, many of whom assimilated into the existing culture. Others, however, affected the prevailing Anglo-Saxon culture with elements of their own. Today, we espouse cultural pluralism. Insofar as there may be a national culture, it is no longer Anglo-Saxon. Non-Anglo-Europeans, as well as Hispanics and Blacks, are in the mainstream of the culture. All of America watches Cosby and Oprah; and, in baseball, Roberto Alomar and Raphael Palmiero play along side of Cal Ripken. One can pick up salsa in any grocery store, a Greek salad at most any restaurant, and pizza in every mall.

The Bureau of Labor Statistics tells us that Hispanics and Asians constitute the most rapidly growing segment of the workforce, and, by the middle of the next century, Whites will not compose the majority of the population of the United States. So much for hegemony! But, more important, what this says to us as counselors is that not only do we need to consider White, Black, Hispanic, Native American, and Asian groups in America, but we also need to look at the cultural–historical and psychosocial development of the subgroups that constitute these major categories (McFadden, 1993).

CULTURAL–HISTORICAL BACKGROUND OF EUROPEAN AMERICANS

America served as a magnet for European immigrants, first the adventurous and rich, and later the "poor and tempest tossed" (Rose, 1974, p. 65). Most of the European people who came to America did so out of choice. They were people who, whatever their divisions and conflicts, saw this land as a land of opportunity. Often disillusioned, some found it difficult to reconcile the way that they lived in the old country with the realities of the new. Nevertheless, Scandinavians, Slavs, Irish, Italians, Germans, English, French, Czech, Poles, and Scots participated in American society's greatest achievement—the conversion of the weary lower classes of Europe into loyal citizens who were proud to call themselves Americans.

Who were these people who settled in America? When and why did they come? With the exception of English indentured servants, most of the rest of the earliest immigrants who settled the American colonies were Highland Scots, Scottish Irish, Welsh, and even a very few Catholic Irish. From mainland Europe came Protestant Germans and Huguenot French (Protestant), who left the continent's depressed textile regions in hopes of a new start. Early on, some Dutch and even a few Sephardic (Spanish) Jews who had fled Spain during the Inquisition made the journey across the Atlantic, seeking opportunity and a new start (Gutman, 1989, p. 83).

These were the people who comprised the majority of Americans in 1820 when the first census to include the "nationalities" for the population was taken. However, between 1820 and the start of the Civil War, more than 3.5 million European immigrants came to the United States. Many who came from Germany were skilled craftsmen who were recruited to come. From Ireland, famine and extremely severe economic and social conditions forced 1.2 million Irish citizens to leave their homeland. These Irish, predominantly Catholic, were poor and unskilled. Those who arrived in America became targets of discrimination and obtained only the lowest-paying jobs as servants, ditchdiggers, dockers, or railroad workers. Separated from family, friends, and the rural life they once knew, the Catholic Church became a haven for the Irish. Today, its hierarchy is dominated by their descendants who were so often oppressed in the political and social life of the cities in which they settled. Meanwhile, Germans, more German than Catholic, were quickly assimilated into the mainstream. Smidt very easily became Smith, and Feldman became Mansfield. The Germans presented no threat to their largely Protestant English brothers and sisters (Rose, 1974).

By the 1880s, new immigrants came to the United States from Central and Eastern Europe. By the start of World War I, Czechs, Slavs, Hungarians, Bohemians, and Russians (half of whom were Jewish), 7.5 million of them, had settled here. During the same time, 4 million Italians, largely Southern Italians and Sicilians, migrated westward to Ellis Island. Each of these groups had its own history, its own language, and its own customs. Each was unique and different from others. To many Christians, Jews were viewed as "Christ-killers"; to many Protestants, Catholics were seen as subversive Papists. Even within religious groups, there were problems. In Maryland, the one English "Catholic" colony, the influx of Italian Catholics was viewed so unkindly that the Italian "rabble" could sit only in the balcony of a Catholic Church in downtown Baltimore. This forced the Italian Catholic community to construct its own Roman Catholic Church, and so did the Polish community.

The Jewish people were no different. The Sephardic early settlers did not react kindly to the later settling of German Jews (Reform). Neither the Orthodox Sephardim nor the German Reform Jews looked with kindness on their unenlightened Eastern European brothers and sisters called Ashkenasic Jews. The Sephardic Jews came to America in the 1700s, the German Jews in the 1800s, and the Eastern European Ashkenasic Jews in the 1900s.

Each of these groups who came to America, beautiful and consistent when viewed from within, was the brunt of suspicion, separation, and stereotype when viewed from without. Intergroup tensions, some carried over from the Old Country, characterized European American immigrants as each group struggled for acceptance. As Max Lerner wrote, "the immigrants of each new influx [were] absorbed by the rest, yielding the role of strangeness to later comers. Most of them moved up the hierarchical ladder, while those who followed grasped eagerly for the lowly places that had been relinquished" (cited in Rose, 1974, p. 91). Nevertheless, ethnic groups based on national or religious background persisted and flourished in the United States. They do so to this day, though immigration to the United States today has largely shifted from Europe to Asia and South America.

SOCIAL ISSUES

Social issues related to counseling European Americans are discussed as issues of ethnic identification and acculturation, language, generational difference, and racism. The sharing of a unique cultural heritage that is passed on through generations characterizes ethnic groups. Such groups are known by their patterns of family life, religion, recreation, and language (Rose, 1974, p. 13). European American members of ethnic groups resided in close proximity in their own neighborhoods or "ghettos."

Ethnic identity refers to a person's sense of belonging to a particular ethnic group who share similar physiological traits and/or personality characteristics. It is as if the group were a part of one's personality (Lee, 1997). People express this identification when they say "I am Polish" or "I am Norwegian," even though each may be an American citizen. What they are saying is that their ethnic identity, that which has shaped their beliefs and behaviors, is Polish or Norwegian.

Acculturation refers to the borrowing of traits or practices from another culture. Sometimes the dominant culture borrows from the minority culture. Examples are in games and sports, such as mahjong and jai alai, and in foods such as brie, danish pastry, and pizza. However, more often, the ethnic minority culture takes on traits of the dominant culture by accepting "standard" language, dress, and social living patterns. This "behavioral assimilation" is evident in public activities at school, work, community, or professional gatherings. One of the tensions that frequently occurs within ethnic groups is the issue of acculturation. For the members of an ethnic group to survive in the United States, some acculturation is necessary, but too much acculturation leads to assimilation and the demise of the group. The melting pot philosophy may have been the goal of some of the founding fathers of America; it, however, was hardly the goal of many immigrant communities. Within these communities, people may have publicly acculturated but, privately, they may have hung tenaciously to their own ways. People within these groups may have spoken English to the larger world, but they spoke the mother tongue in their households. They also sent their children to Greek school or Hebrew school in the afternoon, after public school. To a large extent, the parochial school movement was designed not only to teach religion but also to teach "ways," language, and ethnic heritage.

Language patterns are integrally involved in who a person is and connects the person intimately to his or her identity. The United States is an "English-only" country. English is the language that binds people as citizens. Most European Americans have struggled to learn English but were proud to do so. However, at home, where they spoke intimately, or when nuances were needed and subtle variations of meaning were better expressed in the mother tongue, they spoke it. They spoke it because the language was more indicative of the emotional tones that the immigrants wished to convey to each other.

Presently, there is controversy in the United States as to whether this nation should remain an English-only country. Advocates of the English-only position state that "without such a policy this country risks being challenged by non-English groups" (Padilla, 1988). One only need look at Canada and the near defection of French Quebec from the nation to observe how this can happen. On the other hand, asking non-English speaking immigrants to give up their native language for English yields crucial ramifications regarding identity development. Spanish is not only the language spoken by Latinos but is also the connection between person and culture. It is thereby the connection between a person and his or her soul. So it is with European immigrants as well. When the Russian immigrant comes to the United States, he or she must learn English but, in giving up Russian, something of this person's identity is lost. Counselors need to be aware of language issues, particularly as they pertain to young people. However important, and it is important, to learn English, something is lost between parent and child, between the young American citizen and his or her native culture, when the mother language is lost.

The issue of language will be particularly significant at the turn of this century. By mid-century, European Americans will lose their hegemony. They will be outnumbered in the United States by people of non-European origin. As this happens, the language issue will gain momentum. Counselors need to increase their knowledge of the research that links language to identity and to the related esteem issues in persons.

Generational differences, as previously stated, often revolve around language. Children of immigrants who, through public education, "pick-up" the English language much more quickly than do their parents, often express embarrassment that their parents speak, for example, only Greek. Sometimes they are ashamed to bring their school friends home. But language is not the only generational conflict. Between generations is where most of the battles over social issues are fought. Issues of intermarriage between Irish and Greek, Irish and Czech, Jew and just about any non-Jew, and even between Northern Italian and Sicilian, take on little significance in the dominant culture. Counselors, however, need to know that such unions can cause heated arguments in families, sometimes to the point that parents disown their children. It is not only interracial marriages but also interethnic marriages that raise the tempers and temperatures of parents.

As groups acculturate and assimilate, as have many European American immigrant groups, these tensions become less, but as each new group arrives, intergenerational tensions within them are exaggerated, and one's group behavior, one's sexual mores, and even one's clothing are subject to scrutiny.

Perhaps the most far-reaching social issue to affect European Americans is racism. Here, European Americans have been both perpetrators and victims. Racism is the belief that people are classified into categories according to physical and structural characteristics. Some categories are preferred or superior. In our time, two cultures have been characterized as racist: the Anglo American and the German. The Anglo American culture in the United States was so categorized because it first enslaved and then segregated Blacks, and the Nazi culture in Germany because it separated and then annihilated Jews and Gypsies. In both cases, people of European ancestry were perpetrators of racism. In both instances, however, European Americans were also racism's victims. In the United States, Blacks were the major victims of White racism, the effects of which reverberate to this day; conversely, Whites and their children's children suffer the consequences of racism in the form of guilt and anxiety within themselves, and of Black anger, externally. White "guilt" and Black "rage" politicize the nation and become painfully evident in highly publicized jury trials, and on election day. In Europe, the victims of White racism were Jews and Gypsies, themselves White. Furthermore, even in America, White non-Anglos have suffered racist slurs and stones at the hands of their Caucasian "brothers." With racism, as with other evil acts, the perpetrator eventually becomes the moral victim. The one who hates always becomes the victim of hatred. One of the largest social issues facing the United States today is the dichotomy between the haves and have-nots. Much of the social and economic distance that exists between the two groups is a direct result of racism and, until that gap is narrowed, no one is really safe.

ISSUES RELATED TO GENDER

Gender, in counseling literature, if discussed at all, is sometimes considered as a demographic construct shared "by only a particular segment within a culture" (Hansen & Gama, 1996, p. 74).

Gender is also seen as a social construction in which gender roles are ascribed across cultures (Hansen & Gama, 1996, p. 76).

GENDER AS A DIMENSION OF CULTURE

Perhaps the most potent single factor to differentiate among European Americans is not ethnicity, but gender. Gender issues are at the heart of one's behavior. They frequently affect occupational choice and, in some faiths, determine one's religious status. For example, in Roman Catholicism, women cannot be priests; in Orthodox Judaism, women cannot be counted as part of a minyan (the 10 men who form a prayer community) and are segregated in their seating in the synagogue. The world of men and the world of women are frequently two separate worlds. In some cultures, the two worlds rarely meet.

WORLDVIEWS AND GENDER

The knowledge focus of feminist therapy, and of books on the subject of the counseling of women, has largely been the European American White woman. However, what is known of White women of European ancestry may not be applicable to other populations of women. That is to say that what is known about American women may not generalize across multicultural groups. Even within some groups of European Americans, what is known about gender may not be applicable. It stands to reason that where cultural identity varies, gender issues and roles will vary. Furthermore, gender roles may differ across generations, though change in gender roles is extremely slow.

An often romanticized era of American history is the pre–Civil War period, dramatized by Hollywood on southern plantations. There, the differing gender roles, particularly those of Negro men and women, were clearly delineated. The social structure of plantation life was stable and stylized. What often is not considered is that White women, like Negro women, were chattel. The glorified Hollywood portrait of the "mistress of the Manse" rarely, if ever, takes into consideration that the "little woman" had no legal rights. She often lived on a steamy mosquito-ridden property, devoid of indoor toilet facilities and other modern conveniences. Few women of today would change places with her, though, without a doubt, she was better off than her African American "sister."

HEALING THE SEXES: A NEW FEMINISM

In general, European American women have been subject to male dominance and to the myth of masculine superiority. Male dominance and the masculine superiority myth have helped neither men nor women. Some gave in to alcoholism, others to exaggerated temperance; there was "no way out" for the masses of women in the United States. And when women are trapped in a role of subjection, men are likewise trapped in the role of dominator.

After women won the right to vote, the climb toward egalitarianism gained momentum. But legal egalitarianism and experienced or "felt" egalitarianism are two different entities. According to Cook (1993), issues of disappointing or destructive relationships, depression, low self-esteem, inability to take action on one's behalf, disordered eating and addictive behaviors, a loss of sense of meaning in life, role conflicts, experiences of discrimination are likely to be problems faced by many women. Regardless of the actual problem that she presents to a counselor, these effects of subjugation may be hidden. In some cases, not only addictions but incest, battering, and rape also exist.

To heal both sexes, but particularly women, feminist therapy (Hansen & Gama, 1996, p. 92) suggests:

- Challenging the tenets of traditional scientific inquiry and admitting a range of research methods including ethnographic and qualitative
- Focusing on the experience and lives of women
- Exploring the dimensions of power influences on quality of life
- Naming hidden phenomena such as sexual harassment, date rape, or women battering
- Promoting social activism for societal change

Out of the new social activism and legal egalitarianism will come new social and cultural definitions of gender roles. For now, counselors need to know that no woman's identity development can be predicated on a male identity model. In counseling a woman, "herstory" must be elicited, because in her story, her life experiences, as seen through her own eyes, is the core of what needs to be done in counseling. Only through this kind of understanding will healing come. Counseling of this type frees not only women but also men. Narrative and storytelling, for men as for women, enables each person to understand his or her own strengths and weaknesses and judge them in the light of the person's own life experience.

Thus far, it can be assumed that what is being said pertains to heterosexuals, but identity development pertains to homosexuals as well. In the study of male and female identity development, no segment of society can be excluded. In the counseling of gays and lesbians, no stereotypes with regard to identity issues can be admitted.

The big gender issues relate to (a) life span identity development for men and women, (b) the similarities and differences between men and women between groups and within group cultures, and (c) similarities and differences between heterosexual and homosexual members of these groups. Multicultural counselors need to reject the oppression of any group and resist using counseling as a tool to justify sexist attitudes or promote the status quo.

BALANCING WORK AND FAMILY

Perhaps the place that gender roles are most challenged is in the home. Today, dual-career families are the norm rather than the exception in two-parent households. In households in which women are the single parent, work for mere survival is usually a necessity. Whether single or married, working women still take the greater responsibility for care of children and for household labor (Stoltz-Loike, 1997, p. 141). This often leads to exhaustion and depletion on the part of women, hardly the ingredient for romance, to say nothing of wholesome child rearing.

Gender roles within a culture in which two parents (or a sole female parent) work outside of the home either by choice or necessity is a relatively new phenomenon. In capitalist cultures, little provision has been made for child care in such instances. The recent case of a British au pair convicted of second-degree murder of an American infant in her charge has brought to the nation's attention the need for child care, and to the nation's consciousness a discussion of gender roles. As previously stated, gender issues are at the heart of one's behavior. They deserve the most serious attention.

RELIGION AND SPIRITUAL INFLUENCE

Most Americans claim to be religious. In the past 5 years, there has been increasing global interest in the topic of spirituality and, concurrently, a surge in membership in ASERVIC (Association for Spiritual, Ethical, Religious and Values Issues in Counseling). Nevertheless, the counseling profession remains curiously mute on the topic of religion itself. Courtland Lee (the American Counseling Association's 1997–1998 President) said that though "religion and spirituality are universally accepted as major influences on human development, they have only recently been considered as important or appropriate issues in the counseling process" (Lee, 1997, p. 24). Lee added, "However, multicultural counseling practice may be enhanced if the influence of religion or spirituality is considered a crucial dynamic in the helping process." Lee's thesis rests on the fact that many ethnic groups do not, and cannot, separate religion from their daily life. Their religious beliefs permeate their thinking and their behavior. For example, the word *Islam* means complete submission to God's will. Islam is not only a religion but also a way of life (Jackson, 1995, p. 144). Prayer is said at daybreak, midday, midafternoon, sunset, and at night. One gives 2.5% of one's money to charity and, during the month of Ramadan, one not only fasts but also abstains from sexual relations. In his or her lifetime, a Muslim must also complete the *hajj*—a pilgrimage to Mecca where rituals are observed and prayers are said. Devout Muslims often save money and sacrifice play to accomplish this feat.

In Orthodox Judaism, one prays equally frequently, is regulated in diet, greets the Sabbath weekly, and observes it from sundown Friday until sundown Saturday. During this time, no manner of work is done. The Orthodox Jew lives life in accord not only with the Ten Commandments but also with more than 600 of them. There is a joke among Jews that the Creator asked for the commandments to be returned and then was surprised at how many of them came back.

Nor are Christians an exception. In many Christian households, prayer is said upon arising in the morning and again in the evening before retiring. It is also said before every meal and sometimes afterward. A Sunday sabbath involving church attendance is customary. Many read Scripture daily, and more than few Catholic Christians attend daily Mass. Religion, when practiced in any of the ways described here, is part and parcel of one's life, and it would be impossible to separate such religious practice from who one is as a person and from one's culture.

In American society, a person is guaranteed by the Bill of Rights the freedom to worship in one's own way. Although the society appears to be secular, each individual is expected to have a religious "brand name" such as "Protestant," "Catholic," or "Jew" by which he or she is to be identified (Rose, 1974, p. 89). In addition to these three religions, there are also a plethora of other faiths practiced in America. These range from the more traditional Muslim and Buddhist faiths to the more recent Hare Krishnas and to the Goddess cults. Alongside mainline Protestants, which include Baptists, Lutherans, Methodists, Presbyterians, and Episcopalians, there are also Quakers, Unitarians, Jews for Jesus, and Anglicans (High Church Episcopalians) who sometimes offer a disclaimer that they are not really Protestant. But whatever people claim to be in the United States, they also claim an inherent right to be just that. Few people disagree with that right, but it is a hands-off arrangement. Very few go the distance to try to understand faiths that are different from their own. When it comes to religion, European Americans tend to express a know-nothing attitude about "other" religions, resulting in an ignorance which, if not bliss, at least does not cause an argument.

WHY COUNSELORS NEED TO KNOW ABOUT RELIGIONS

First, religion can be a source of psychological support. This is especially true in hard times, in illness, and at the time of death and dying. If, for no other reason, religion could be a topic for discussion. Second, for some people, religion may well be a source of meaning in life. Fox (1995) wrote of human beings as co-creators with God, each of us engaging in the Great Work of the universe. Third, for many, religion expresses a special outlook on life. Rabbi Harold Kushner (1993) wrote a book called *To Life! A Celebration of Jewish Being and Thinking,* which illustrates this point. In a chapter called, "Life Is the Question, Judaism Is the Answer," Kushner claimed that, for him, Judaism is the easiest and best way to be fully a human being. To understand Jewish values, in this case as they pertain to education, Kushner claimed that one needs to grasp the following scenario. The scene takes place on Long Island in the home of a multimillionaire businessman. The rich man is bragging to another multimillionaire friend about the success of his son who just became a $30,000-a-year associate professor at a nearby university.

Fourth, some people believe that religion can save. For Kushner and other Jews, it can save one's life from being wasted. For some Christians, faith in Jesus can save one's soul for all eternity. And here is the rub: Religions differ on basic existential questions.

WORLDVIEW DIFFERENCES BETWEEN FAITHS

Many Christians believe that because Eve and Adam literally, or metaphorically, disobeyed their Creator in the Garden of Eden, all humans thereafter were born tainted by this original sin from which they needed, and still need, redemption. The soul is not pure until baptism, until one is "washed in the blood of the lamb." People of other faiths interpret the Garden story differently. They believe that the soul of each newborn comes pure from God, untainted by sin. Similarly, some religions interpret the story in Genesis of the Binding of Isaac as the story of undaunted faith on the part of Abraham. Others say it is the story of God who says, once and for all, that He/She does not require or want human sacrifice.

Whether or not one is "born in sin" constitutes a major worldview. Not only does worldview differ between religions such as Christianity and Judaism, but it can also differ within religions. Is our sin so great that we can be saved by Grace alone as in Lutheranism, or can our faith and works assure us of salvation as in Roman Catholicism? Within groups, difference narrows even further. Take, for instance, the difference in Lutheran belief and practice between members of the Missouri Synod and members of the Evangelical Lutheran Church in America. Not realizing that this difference exists, a counselor educator tells the following story about himself. Once he was asked to give a lecture on diversity in a small city in Iowa. When he got there, everyone in the audience looked like White European Americans. He said, "I guess there isn't much diversity here," and then he began to talk about diversity in the large Eastern and Western cities of America. After his formal talk, a member of the audience raised her hand and asked the speaker the following question. "Why didn't you talk about our diversity here? We have both Lutherans from the Evangelical Lutheran Church in America and Lutherans from Missouri Synod living in the same community." One has to be from within to understand the full extent of difference and the potency of meaning described in that statement.

RELIGIOUS DIFFERENCES AND THE JEWS

Although most counselors are aware of the major differences between Catholics, Protestants, and Jews in America, few are aware of these within-group differences, the cultural history of these differences, or the cultural heroes—those who initiated the differences and those who "sacrificed" to maintain them. Most people are also generally unaware of the influences of these subgroups on the American scene. For example, it was previously mentioned that there were three major waves of Jewish immigration to this country. The first was the Orthodox Community of Jews of Spanish origin who traveled from Spain to Holland during the Inquisition. Before the American Revolution, they came to the colonies and settled primarily in New York City and Charleston, South Carolina. They soon spread to neighboring colonies and eventually joined the postrevolutionary Western expansion to America. On the eve of the Civil War, there were many German Reform Jews in this country, most of whom scattered over the frontier (Lipset & Raab, 1995, pp. 11–15). Still later came the Orthodox Eastern European Jews. Over 1.5 million people—about one third of the Jewish population of Eastern Europe—journeyed to America between 1881 and 1910. These Eastern European Jews came with little money, and their background was different from those Jews who were already in the United States. Excluded by law from agricultural work in Europe, these "new Jews" were the Tevyas, Yentils, and Mottles with which we are familiar. Unlike the popular myth of the rich Jew, most Jews from the Eastern European pale of settlement lived in poorly ventilated houses, four or six families to a dwelling. Many never tasted meat; one was lucky to have a chicken on the Sabbath. Bread and water was the daily diet. When they came to

America, butchers, bakers, and artisans were absorbed by the garment industry, the place where the economy could absorb them.

What the three Jewish groups had in common was not religious practice. It was a mania for education (Lipset & Raab, 1995, p. 23), a way out of the working class. As for religion, differences in practice were vast. Orthodox Jews wore skull caps; Reform Jews did not. Reform Jews attended Temple; Orthodox Jews went to Shul. In Temple, an organ and choir were used; in Shul, a Chazan (or Cantor); and in Modern Orthodox, a choir. Holidays observed for 2 days in Orthodox practice were, and are, observed for one in Reform. Dietary laws, such as strict Sabbath observance, so central to Orthodoxy, are often not observed in Reform. One could go on and on; differences are so many and so vast that the conservative movement in Judaism is seen by some as a way to reconcile them. Some people claim that it took antisemitism to consolidate the community; others affirm that the consolidation centers around the Bible—the Torah—the people of the Book and their tenacious clinging to the notion that the one God "chose to make the Jewish people the instrument of Revelation" (Kushner, 1983, p. 34).

Lipset and Raab (1995, p. 67) reported data from the 1990 National Jewish Population Study. Formal Jewish affiliation exists in half of the Jewish households in America. One Jew in 10 believes that Torah is the literal "word of God." A third of American Jews see the Bible as inspired but not to be taken literally, and 15% attend synagogue a few times a month. The recent trend toward intermarriage between religious groups causes not only some loss of old membership to American Jewish communities but also an influx of new members—members who do not share a common history. However, they will build with a common future alongside of Jewish brothers and sisters whose families have been Jewish since antiquity.

From starkly separate Hasidic Jews to the most assimilated secular Jew, American Jews identify as Jewish because they choose to. Why they so choose may be as varied as the members of the community. Perhaps, Jews best illustrate the diversity of European Americans as ethnic communities, with distinct gender roles, generational differences, religious differences, and a penchant for education.

EDUCATIONAL EXPERIENCES AND OPPORTUNITIES

PURPOSE OF EDUCATION

Many European American groups saw education as a way of earning a living and obtaining middle-class status. Others saw it as a means of acquiring a life of meaning. A few even saw education as a way of life in itself, valuable for its own sake.

EDUCATION IN AMERICA

The American public school was and still is, throughout this century, the largest socializing agency in the country. Next to the English language, which is taught there, the school itself is the single most important factor binding at an early age Americans to America as Americans. This is why what is taught in school is seen as critically important.

For much of the 1900s, the curriculum was largely Eurocentric. The history and the literature were taught primarily from a traditional male-dominant perspective. Often it was the history of wars. In recent years, the curriculum has been influenced, somewhat, by Afrocentric, feminist, Latino, and Native American activists. Justifiably, these activists want perspectives of their cultures represented.

Prior to the 1900s, less than 4 out of every 100 people completed high school. It is well known that self-taught Abraham Lincoln spent a year, at best, in school. Colleges and the universities were reserved for the very wealthy, and, of course, it has only been a brief 50 years since public schools and colleges have been racially integrated. Today, the community college virtually makes public higher education accessible to all. At the same time, various groups have established private and parochial schools to express independent values or to teach specific religious–cultural subjects. Some European Americans use these schools to remove their children from "bussed" minority group children of lower socioeconomic status. Others of various racial groups send their children to private or parochial school because they espouse the values that these schools teach. As previously mentioned, there are Jews who send their children to Hebrew school after public school, Greeks to

Greek school, and Roman Catholics to catechism classes to learn the ways of faith. Education of all sorts constitutes a serious enterprise in the United States.

CONCLUSION

Of concern to European Americans today is that many of the "places" in the "best" colleges, long reserved for them, are now "going" to Asians and African Americans. For some, it was difficult enough when some college seats went to their Caucasian Jewish brothers and sisters a generation ago.

Counselors recognize that in order to work for the betterment of all, they must be both socially active, yet culturally responsive. Whether Black or White, Latino or Arab, counselors need to meet the needs of European Americans and to understand their biases and frustrations, along with those of African Americans, Native Americans, Asian Americans, and Hispanic Americans.

The present time is a time of unprecedented technological, economic, demographic, and cultural change. It is a time when the people who once came first may well be last, and the last, first. Education for counselors, like for those whom counselors educate, may become the major safeguard and harbinger of a brighter future for all. Understanding the diversity of the European Americans, understanding the changes occurring within European American groups, and understanding the feelings of European Americans about these changes may well be as important to the future as our understanding and appreciation of any other racial group. For the profession of counseling, awareness of within-group differences, and responding to them, may well be the next advance in transcultural understanding.

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CHAPTER 12

TRANSCENDING THE CULTURE OF PREJUDICE TO A CULTURE OF PRIDE AS A COUNSELOR

LISA D. HAWLEY AND JEFFREY MOSTADE

Transcultural counseling informs the work of counseling with people of different cultures, races, and economic backgrounds (McFadden, 1993); but what does it have to say to those areas usually referred to as areas of diversity: age, sex, gender, diverse sexuality, disabilities, and other "characteristics by which someone may prefer to self-define" (Arredondo et al., 1996, p. 2)? Are these cultures? Are these cultures of pride a reaction to the stigmatization of identities by the macroculture? These are areas of one's identity referred to in the *Operationalization of the Multicultural Counseling Competencies* as "Dimensions of Personal Identity" (see Arredondo et al., 1996, for a fuller discussion). If an undifferentiated person is thought of as a rough, uncut gemstone, then the faceting of the stone is accomplished with the establishment and development of multiple cultural, age, sex, class, gender, sexuality, and sexual identities. In addition, multiple additional identities exist for communities of people such as those with a disability, by religious beliefs, and by such distinctions as urban versus suburban identities. Each must then be further honed and polished as faceting enhances the fire and brilliance of the gemstone.

Note: Both authors worked collaboratively to complete this particular manuscript. Credit is due to both authors equally.

It is the nexus of this interaction among these polycultural identities that is the focus of any transcultural counseling. These interactions are separate, joined, reciprocal, internal, and contextual. Returning to the metaphor, we can only focus on one facet at a time in our understanding of the layering of polycultural identity, but it is the interaction among the facets that releases and reveals the brilliance within.

A counselor will witness the different polycultural identities of a person. Individuals are complex and much broader and richer than a cultural label, a word, or a category. An individual is the voice of what diversity lies within. An individual is also the one who can speak credence to the meaning of each facet of his or her identity. A transcultural counselor is willing to explore and be open to understanding a person's complexity. Exploration into an individual's worldview requires an interest in obtaining knowledge, openness, and genuine respect for differences as well as an awareness of self. As a counselor, one is able to develop the ability to impart pride or prejudice in the therapeutic relationship. This chapter provides both information and examples to allow you, as a counselor, to reflect on how you might interface with multiple identities in the counseling relationship.

LESBIAN, GAY, BISEXUAL, AND TRANSGENDERED PEOPLE

Though commonly known as the LGBT "community," this group might more aptly be known as a community of all nonexclusively heterosexual people. This culture of pride exists as a community in large part because of the contingencies of politics and discrimination. Historic discrimination against the members of this community has included a number of overt and covert behaviors. The gay community predated the mass movement, but the chronic societal oppression of this group was the ultimate force needed to bring a mass movement into political awareness (D'Emilio, 1996, p. 269). An attempt to understand clients from the perspective of their sexual identity must involve a complex response to a person with multiple personal identities and layers of personality. A gay man who is European American is different from an African American, Asian American, or Latino gay man. A working-class Latina woman is different from a middle-class Black lesbian who is different from an urban-dwelling, woman-loving, self-identified "dyke" unallied to any political characterization of herself as lesbian. This confusing attempt to understand LGBT people as a single community is further complicated when we try to understand the diversity of the bisexual and transgendered communities as well. This community is composed of same-sex affectionately, romantically, and sexually oriented people; bisexually oriented people; and people who prefer to assume contragendered clothing and roles and who may or may not self-identify as gay, lesbian, or bisexual. The LGBT communities cannot be reified into one monolithic culture that has easily discernible values, ideas, or emotional responses.

There is no consensus on the most affirmative counseling response to the LGBT community. Homosexuality was classified as a mental disorder until 1973, at which time the American Psychiatric Association voted to remove it as one of the classified mental diseases listed in the *Diagnostic and Statistical Manual of Psychiatric Disorders*. This provided the impetus for research into the normative developmental patterns of gay and lesbian people, and an attempt to move toward more affirmative models of treatment (Alexander, 1996; Fox, 1996).

It is best to begin to understand this multifaceted community by understanding its social and political contexts. This is a community originally built as a bulwark against the stigma and shame projected by the macroculture, grounded in a social construction of sexual perversion first described as *homosexual* in 1869 by Bekert (Garnets & Kimmel, 1993). Cohorts of LGBT who grew up in the 1940s and 1950s experienced environments of overt homophobia that have been described as a "transhistorical construct, [which] moved from sin to crime to sickness" (Friend, 1989, p. 284). Only recently have theories of normative forms of sexual identity development influenced counseling. A growing awareness of the support relationships among gay and lesbian people allowed the creation of an originally urban-based subculture that has transformed itself increasingly into a culture of pride, based on an ethnic identity social construction. One realizes the self as *other* in the cultural situation in which one finds himself or herself (whether European American, African American, Asian American, Native American, within different religious situations, class orientations, and even variability of the level of acceptance within the family unit). This realization of same-sex orientation and subsequent self-identification with this subculture is known as the *coming-out* process.

The coming-out concept is driven by a reaction to contextual moral stigma at the assumption of a self-identified LGBT. In this model, a person who has a same-sex affectional/sexual/romantic orientation or behavior but does not self-identify as gay, lesbian, bisexual, or transgendered may be described as self-homophobic or as having internalized homophobia. Internalized homophobia is seen as a form of self-denial, resistance to one's sexual identity, introjected shame and embarrassment, lowered self-esteem, and an internalization of many other negative self-concepts (Pope, 1995; Smith, 1997). It is important that this process not be reduced to a dichotomous choice, as in one's being "out" (of the closet) or not "out." Coming out is a lifelong process that will often involve selective revelation or nonrevelation of sexual orientation to heterosexual others and in institutional settings (Troiden, 1993). Sexuality identity may be seen as transsituational in the sense that the salience of the identity for the person may fluctuate by situation and by time. (It shares this transsituationality with the self-revelation often involved in class-based identification, which we look at later.) Stage theories describe the process of coming out as the outcome or resolution of the successful assumption of a gay, lesbian, or bisexual identity. Unfortunately, much of the research on this process has been based on a European American, middle-class sexual identity resolution, which may or may not have much to do with a similar process for people of color or other diverse cultural, religious, or class identities (Smith, 1997).

Troiden (1993) explained differences between the terms *self-concept* and *identity* in his work on the formation of homosexual identity. As he pointed out, "Self-concept is broader in scope than identity and encompasses a broader range of social categories; identity encompasses only situationally relevant dimensions of self-concept" (p. 193). In this understanding, a person develops many socially relevant and referent identities (Troiden, 1993) that incorporate into the greater sense of self. Pope (1995) argued that the identity formation "tasks" are similar for ethnic, racial, and sexual minority people (p. 301). The primary way in which this self-identity process (Pope, 1991) differs from the classic developmental theories of Eric Erikson, Lawrence Kohlberg, Carl Gilligan, or Jean Piaget, or from the phases or steps that other "marginalized groups" must make to achieve a positive and integrated self-identity (Myers et al., 1991), is in the coming-out process (Elliot, 1990, in Pope, 1995). The coming-out process has been described as the "experience of acknowledging a gay, lesbian or bisexual sexual orientation to one's self and others" (Smith, 1997, p. 279). Elliot described this process as unique in that the LGBT culture must value and norm a self-identification to the other cultural identifications of their lives. In other words, this is "the only group in which the family of origin must be informed of an individual's members status" (Pope, 1995, p. 301). Deciding not to "come out" is a decision about the self-disclosure of sexual orientation that has personal and political implications. Traditional ramifications include the fear of rejection by their families of origin, loss of employment, threat of bodily harm, and social ostracism by friends and coworkers (Herek, 1993; Pope, 1995).

Now-classic models of affirmative counseling for people with LGB status (such as Cass, 1979; Coleman, 1988; DeMonteflores & Schultz) have emphasized the adoption of a positive lesbian, gay, or bisexual identity as the goal of intervention. Yet, Rust (1996) urged us to look at the cultural and historical specificity of the concept of a gay, lesbian, or bisexual identity (p. 55). Rust pointed out that what "appears to be incongruent between an individual's sexual identity and her or his sexual feelings or behaviors—interpreted by the culturally unaware counselor as an indication of unresolved issues—might simply reflect a culturally different set of sexual concepts" (Rust, 1996, p. 56). In some Middle-Eastern, African, Asian, and European cultures, a more salient struggle of identity formation involves one's commitment to the family, family formation, and the assumption of roles and responsibility. One's sexual life and identity may be more culturally bound than the gay and lesbian pride identity formulated by middle-class, Anglo-European men and women (Chan, 1993; Espin, 1993; Loiacano, 1993; Rust, 1996). For example, the good name of the family is of prime importance in Asian cultures, and resistance to the adoption of an open identity based on sexuality may be a reflection of the privacy of such information as much as shame about the behavior (Rust, 1996, p. 60). Heterosexism is part of many of these minority communities (Rust, 1996), but the decision to self-identify as gay remains a highly personal and culturally influenced one. The question becomes the management in counseling of the feelings of multiple marginalization (Rust, 1996).

Education of counselors in the area of gay, lesbian, and bisexual issues has been deficient. As in any question of diversity, this should evolve through a paradigm of knowledge, awareness, and skill enhancement and development (Arredondo et al., 1996). It is important for the counselor to become aware of his or her own sexuality. Perhaps, a better question than what causes homosexuality is what causes heterosexuality. It is appropriate to examine one's own sexual, physical, romantic, affectional, and fantasy responses to other people. It is as important to reflect on this as it is to consider the awareness of one's responses of other cultural and diverse possessed identities. Meeting self-identified LGBT people can offer counselors some understanding before working with clients of diverse sexuality.

The diversity of the LGBT community spans the single young adult exploring his sexual orientation, an elderly woman having lived in a long-term lesbian relationship, and a same-gender couple raising a family. Recently, self-identified gay and lesbian people have been choosing to parent children. This growth in the number of self-identified gay and lesbian parents may have evolved through a confluence of many national events, including the cohort of women reaching maturity during the rise of both the feminist and the gay rights movements. A heterocentrist and culturally encapsulated response is to enter an interview with the assumption that the client is straight or equally, gay. It is more important to enter into the clients' phenomenological experience of the shifting importance of their identities, reflect these to them, and help them explore their own meanings for these shifts.

Persons struggling with sexual self-identity at any age may choose to assume a gay identity in response to their feelings. Becoming familiar with the work of Cass (1979) or D'Augelli (1994) can enhance the understanding of linear or spiral models of gay, lesbian, or bisexual identity development, as well as provide a tool for deconstructing the tasks for clients. It is important to help clients examine the salience of each portion of their identities and to understand the inherent dynamism of this shifting sense of self in response to their surroundings. Understanding the fluidity of identity, while becoming familiar with models of gay, lesbian, or bisexual identity development and at workshops, should be an eventual priority. Skill development is best practiced with apt supervision. This is probably something that may need to be sought out by the supervisee, of any sexuality.

CLINICAL VIGNETTES

Vignette 1

Hector is a 26-year-old Cuban American married man with two children by his wife, Maria, also 26 years of age. Hector is coming to counseling at the insistence of Roger, his 23-year-old European American male lover. Hector's wife and children live at home in Miami while he works in New York City in a better job than he can find at home. Roger insists that any man who can physically, emotionally, and romantically love him and yet be married as Hector is must not be coming to terms with his homosexuality. Hector feels that he is not gay but is simply unwilling to have another woman in his life. He feels his primary commitment is to his wife and children; it is a role for which he was reared. For him, Roger is a dalliance that is his prerogative. After all, Hector says, "I am not the passive one." Hector wants Roger to understand and value what he believes. Roger believes that Hector is "in the closet" and should leave his wife and children for him. What might be your immediate reaction to Hector and Roger as their counselor? How would you integrate the Cuban, European American, and sexuality issues? How might your notions about family affect this therapeutic relationship?

Vignette 2

Seth is a 23-year-old European American male student who was self-referred to the college counseling center. Seth initially presents with test anxiety, but later enlarges the discussion to include his assumptions about his sexuality. Seth says that he has "felt that I am gay since second grade and I was always different." Seth is very private about his sexuality at the university to the point that he fears being seen in public with any "apparently gay" people. Seth's parents are ardent Catholics who believe that Seth must stop his behavior, and they remind him about this by telephone on a weekly basis. Seth wonders how to understand his many conflicting feelings and values. How might Seth's religious values affect your therapeutic direction? How might you work to reduce his anxiety?

Vignette 3

Alexis is a 37-year-old African American female currently in a 10-year relationship with another African American female also in her mid-30s. Alexis entered counseling because of recent difficulties with motivation in her life. She describes always being a "go getter" and having "a busy social life." Yet, recently she describes a lack of interest in her job as a lawyer and her usual social activities. Through further discussion, Alexis shares difficulty in keeping her work life and home life separate. She has successfully become a partner in a law firm and has the respect of her colleagues. Alexis becomes frustrated at the freedom others have at sharing their stories about their spouses and family. Alexis fears talking about her partner would put her career at risk. Alexis describes herself as being incongruent and feeling tired of trying to maintain two different lives. What strengths does Alexis bring to this situation? What values do you bring to the therapeutic relationship? How might you work with Alexis's frustration?

SPIRITUALITY AND RELIGIOUS ISSUES

Recently, the issue of spirituality and counseling has been an area of increased interest and study. The spirituality and religion of the client are becoming increasingly valued as a resource for the client. Regardless of whether the clients' problems relate to issues of faith or not, the counselors' ability to appreciate and use the clients' spiritual and religious foundation as a supportive resource is important.

When discussing spirituality and religion in counseling, the counselor encounters the complex issue of how to define spirituality and religion. As cited in Kelly (1995), "the identifiable values of spirituality include confidence in the meaning and purpose of life, a sense of mission in life and of the sacredness of life, a balanced appreciation of material values, an altruistic attitude toward others, a vision for the betterment of the world, and a seriousness of the tragic side of life" (p. 4). According to Corbet (as cited in Kelly, 1995, p. 5), religion "is an integrated system of belief, lifestyle, ritual activities, and institutions by which individuals give meaning to (or find meaning in) their lives by orienting them to what is taken to be sacred, holy, or highest value." Some individuals consider their spirituality as connected to an integrated system such as a religious institution or community, whereas other individuals' spirituality is not meshed with any system, dogma, or doctrine. Yet, other individuals will fall on a continuum between the two. Because definitions do vary, it would be important for the counselor to ask the client how he or she would define and value spirituality and religion as a functioning agent in his or her life. Beliefs about spirituality and religion are considered personal by many and form another dimension in a person's identity.

Entering into dialogue about spirituality in counseling requires a thorough examination of values as well as respect on the part of the counselor. According to the American Counseling Association's *Code of Ethics* (1995), counselors are ethically bound to be "aware of their own values, attitudes, beliefs, and behaviors and how these apply in a diverse society, and avoid imposing their values on clients" (A.5.b.). The question about what biases and gifts a counselor might bring to counseling a particular client asks the counselor to assess his or her frame of reference and values that affect the relationship. Bergin (1991) suggested that the counselor must be open to values in a manner that is not coercive and recognize how one's values may or may not promote health. The ability to demonstrate respect as a counselor allows the client to enter into dialogue and share without passing judgment. Part of the counselor's ability to be respectful requires openness to a continuum of religious and spiritual ideas and notions.

Like other dimensions of an individual's cultural identity, one's belief in spirituality and religion is developmental. During different times in an individual's life, spiritual concerns will be pressing, at times a source of support, and other times may seem nonexistent. Individuals' beliefs about spirituality and religion are often interwoven with family life, transforming experiences and life experience. Worthington (1989) looked at religious faith across the life span. He suggested that the counselor answer the following questions during the time of assessment: "How is religion involved in the life of the client? Is religion intertwined with daily living? Is religion used as a psychological defense, for life enhancement, or for coping with stress? How mature is the client in his/her religious life? To what degree if any, is the client's religion related to the diagnosis?" (p. 590). The counselor can address these questions specifically to the client or keep them in the back of his or her mind. The questions could also be asked when exploring the spiritual issues as well. The assessment process allows the counselor to invite information about areas of possible support, such as family, friends, work, social activities, and interests. Similarly, inviting information about the degree of importance and interaction of a client's spiritual and religious life offers more possible areas of support.

Another important issue to consider when one is assessing an individual's spiritual and religious values is how the client relates to these values. Some individuals may regard religion as burdensome, yet they may define their spirituality as a strong aspect of their identity. Others may find solace in dogma and specific rituals but be disinterested in spiritual experiences. In the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994), "religious or spiritual problem" was added as a possible condition of clinical attention: "Examples include distressing experiences that involve loss or questioning of faith, problems associated with conversion to a new faith, or questioning of spiritual values that may not be related to an organized church or religious institution" (p. 685). Thus, the meaning of one's spiritual and religious life can also be an area of concern and disruption.

The ability of the counselor to access the spiritual and religious life of the client during a time of a seemingly unrelated problem may be helpful to the client. During periods of grieving, transition, family life, identity issues, and financial difficulties, integrating spirituality and religion may be beneficial to the client. Burke and Miranti (1995) discussed that for many clients the spiritual domain is their solace, comfort, and major sustaining power during difficult times. Previously, many counselors have feared discussing religion or spirituality because of the system of their employment or uncertainty about how to handle the discussion. Yet, similar to family and friends, an individual's church, spiritual community, and practice may also be a support in overcoming life's obstacles.

CLINICAL VIGNETTES

Vignette 4

Doug is a male student getting ready to graduate in 2 months with an undergraduate degree in biology. He has had several job interviews and is not worried about getting a job. He is 21 years old and describes himself as a person liked by others and very involved. He describes himself as coming from a strong Italian working-class family and becoming the first in the family to graduate from college. He describes "a lack of meaning" in his life and further discusses his desire to develop a spiritual foundation as he begins the next phase in his life. He shares that he was raised Catholic and was involved in his local church, which was also where he attended grade school. He states that religious values were closely tied to his family and that he valued the foundation the teachings and morals gave him. He recalls an experience in high school when his best friend struggled with cancer and how he found comfort and strength by his involvement in his church. He describes less interest in his religion while at college and he does not feel much comfort or strength from his religion. He states that he values his interactions with his roommate, who is an avid reader of Eastern philosophies, as being helpful but also confusing. Recently, he has found himself discouraged, at times feeling lost and "unsure of what is valuable and important." The client seeks counseling to help him "understand his purpose in this world" and "explore his beliefs." When a client describes a "lack of meaning," how might you conceptualize the underlying issues? How might you affirm Doug in his current journey?

Vignette 5

A 55-year-old single African American male named Joseph enters counseling to work through transitional issues. Joseph has recently relocated to the area and has had difficulties with his latest move. He relocated because of a recent divorce and a promotion at work. He feels that he wants to make a fresh start and enter the next phase of his life. One of his concerns is his struggle with his religious beliefs. Joseph defines himself as conservative in his religious convictions and how these have been simultaneously helpful and harmful. He says that his views about religion interfered with his 25-year marriage by focusing all his attention toward his church activities and not his relationship with his wife. Yet, he finds that he has been a good model for his children even though at times they described him as too rigid. Joseph discusses being caught up in religion and forgetting his spiritual foundation and would like to find a balance in his life. How has religion and spirituality affected Joseph and his family? How might you work with

Joseph to find a balance? How might your beliefs and definitions about religion and spirituality affect this therapeutic relationship?

CLASS AND INDIVIDUALS

Class is a concept rarely discussed in the United States (Rothenberg, 1992) but is another important developmental issue that is as transsituational as sexual identity (Firestein, 1996). It has even been possible for Americans to deny awareness of the growing disparity between rich and poor in the United States by claiming mythic middle-class status for all citizens (Rothenberg, 1992, p. 91). Again, we ask the counselor to recognize the complexity of the interaction before focusing solely on class concepts. If we use the arbitrary distinction of working class, the experiences of an African American, gay, disabled, or Asian American person will be different despite sharing a class orientation (Rothenberg, 1992). Very often, these multiply marginalized people often fall into the lowest wage-earning brackets. The United States has one of the largest gaps between the richest and the poorest citizens in the industrialized world (Mantsios, 1992, p. 96). The difference between classes is about differential opportunity. It is important to remember these perspectives when entering into a client relationship. Awareness of class difference, personal experience of class, and acknowledgment of class oppression are at the heart of self-awareness.

The literature on class difference and its impact on the counseling relationships has been minimal. Although the concept of *class* in America is uncomfortable, it affects the formation of self-identity and intersects gender, race, sexuality, age, culture, and other identities. It certainly affects not only a person's interior value of self but also the perceptions by others of the person's public persona. It may be the responsibility of the counselor to create the safe space for examining the subtle impacts of class issues, identity, and issues of access.

For instance, salience of class identity may shift depending on the context in which the life is situated. If a person is raised in a working-class family living in a profoundly working-class community, the experience of the relative class status may be of little personal value. On the other hand, a working-class individual raised in a middle-class environment may become far more conscious of class difference. Similarly, a person raised in a higher class status may also perceive their options to be limited, not because of financial or material constraints, but out of a necessity to fulfill perceived family obligations, values, or honor. For each person, personal success may be, in part, determined by their experience of the salience of class identity. In the United States, we have many assumptions and stereotypes about the status of class. We encourage counselors to continue seeking knowledge and skills about the dynamic and shifting constructs of class in the United States. Use the following case studies below to begin your awareness of the impact of class on counseling.

CLINICAL VIGNETTES

Vignette 6

A working-class single mother feels the impact of class oppression and feels the effect of her own seemingly lack of options, yet has no understanding of the contextuality. Her situational limitations may be formed more by the contingencies of her life than through any fault of her own in "not making the best of her own ability," a classist assumption. How can you best help her explore her own sense of cultural, class, and gender identity? How then can you help her explore her own strengths and balance this in a contextually aware, yet self-defined way? How will your relationship to this client change as you take your own poor, working-class, middle-class, upper-middle-class, or other class-consciousness into your session with you? Knowledge about difference, awareness of one's own values and beliefs, and gradual skill development are called for in any examination of identity.

Vignette 7

A college-age client of your same gender comes into counseling to work through some roommate issues. This client comes from a different class from you where the expectation of education, travel, and property is greater. What impact of your own class-based assumptions is activated by this client's emotional turmoil amidst plenty? How will your own awareness or denial of class-based beliefs and values affect what you are willing to explore with you client? Class-based identity is transsituational in that one has class mobility, in some instances both upward and downward. Often, class-based cultural influences are not readily apparent sources of perception of difference by others, and function as revealed identities.

AGING IDENTITIES

People above the age of 65 are increasing in proportion and in number when compared with the rest of the U.S. population (Myers & Schwiebert, 1996). Although the classic theories of maturationist identity development posit developmental stages of adulthood (Schaie & Willis, 1996), Erikson's theory of psychosocial development defines the period of older adulthood as above 50 years old (Myers & Schwiebert, 1996, p. 32). One developmental stage for the remaining 25–40 years of life may not honor the enormous capacity for change in some aging clients. Schaie (1996) posited an understanding of human development theory in aging as occurring in three conceptual lineages (Schaie & Willis, 1996, p. 48–49). The *adult stability* models suggest little change in the basic organization of the personality at the end of early adolescence or early adulthood. The *irreversible decrement* models are traditionally used as a basis for understanding older adults. The *decrements with compensation* models might offer the theoretical basis for counselor interventions and assessment of an aging individual. In particular, it is important to understand how persons begin to incorporate their self-perception as aging persons into their personality. This developing sense of self-identity as an older person is as salient as other cultural identities, both perceived and possessed.

Quality of life includes at least 11 components as identified by the participants in a 1990 University of California Symposium titled "Measuring the Qualify of Life in the Frail Elderly" as cited by Spirduso (1995, p. 27): cognitive function, emotional function, social function, physical function, sexual function, life satisfaction, well-being, economic independence, recreation, health, and vitality. Subjective perceptions of the interactions of the quality of life factors are also an important consideration. "Much of the way that people view their health depends on their life experiences, their goals, and the coping mechanisms that they use to deal with failure and disappointment" (Spirduso, 1995). Additionally, medical evidence posits lessened resilience in response to stressors on the part of older adults that may be mitigated by psychoeducation concerning self-regulation skills and recognition of stressors and subjective feelings of loss of control (Schaie & Willis, 1996, p. 444).

Older adults also experience the effects of discrimination known as ageism. Additional dimensions of identity in older adults may account for double and triple jeopardy. Persons experiencing discrimination and oppression based on culture and gender may now add ageism as a new basis for oppression. Despite this enormous range of considerations that we should add to our assessment list, Myers and Schweibert reassure us that "significant impairment of function is not normal" and that many older adults show the coping skills to respond to the gradual physical decline in functioning characteristic of aging (Myers & Schwiebert, 1996, p. 36).

Aging is another layer of identity to add into one's self-concept. There is some evidence that members of oppressed minorities who have successfully formed a stigma management strategy earlier in life may generalize some of that experience to their aging identity (deMonteflores, 1993). Aging does not mean the same thing in each culture, and the U.S. population over 65 years of age is among the most heterogeneous cross-sections of the population (Baltes & Baltes, 1990). In Asian culture, an acknowledgment of the past is made through respect for elderly adults; it comes with a demand by the parents for obedience and conformity (Greene, 1997). In other cultures, an orientation may be more toward the past, present, or future. The cohort of African American men and women who are in their 60s and beyond now would have experienced both the enormous changes of the civil rights and women's rights era but also experienced the effects of gay and lesbian civil rights movement (Adams & Kimmel, 1997). For members of cultural, religious, racial, sexual, or ethnic minority groups, the counseling goal may become the management of multiple identity integration and of the effects of multiple marginalization.

Even a basic understanding of working with aging adults is well beyond a simple discussion of its impact on transcultural counseling. A counselor should consult *Competencies for Gerontological Counseling* (Myers & Schwiebert, 1996) for an excellent introduction to affirmative counseling for elderly adults. Baltes and Baltes (1990) pointed out that the intragroup variability of the aging population provides fertile grounds for their model of selective optimization with compensation. In this model, Baltes and Baltes (1990) "contend that by using strategies of selection, optimization, and compensation individuals can contribute to their own successful aging" (p. 27).

Assessment with older adults should include attention to health, depression, suicide, organic cognitive disorders, as well as to affective domain issues such as loss and bereavement, isolation, divorce, relocation, nursing home issues, sexual and intimacy concerns, transportation, crime, elder abuse, and their relationships with their caregivers (Myers & Schwiebert, 1996).

CLINICAL VIGNETTES

Vignette 8

The client is a 77-year-old African American man referred to the counseling center by his middle-aged daughter. He seems "down and forgetful" in the 2 years since his wife's death. His daughter is concerned that he is not eating well or taking care of himself. How do you begin to conceptualize this man? Does he have a situational depression or delayed grief reaction? Is his forgetfulness evidence of the beginning signs of a dementia or of a depression deep enough to affect his cognitive functioning? What is the contextual nature of this client's life and support system? What are the strengths?

Vignette 9

A 78-year-old European American woman has self-referred to counseling as she approaches the impending need for her to place her husband of 57 years in a nursing home. The time is rapidly approaching when she will no longer be able to provide the cost of the continuous skilled help needed to maintain him at home. What does your understanding of the special needs and developmental issues of the aging adult help you to understand? How do you help her access her own values for clarification and consider cultural beliefs and her own identity as an aging person? Is grief work for her relationship after placing her husband in a nursing home appropriate or too early?

INDIVIDUALS WITH DISABILITIES

There is an abundance of literature on disability to assist the helping profession in being therapeutically effective with an individual with a disability. Part of the complexity of understanding disability lies in the different levels and functioning of the impact of a disability, the types of disability, and variability. Disability can manifest itself as a slight hearing loss with a small impact on an individual's ability to hear, use of a walker because of a partial paralysis, difficulty in reading because of dyslexia, or an inability to swallow because of progressed multiple sclerosis. Some of these disabilities are noticed by observation whereas others may remain unnoticed.

Similar to the civil rights movement, women's right movement, and gay rights movement, those with disabilities have sought legislation of protection of equal rights and acceptance as a cultural identity within itself. In 1990, the Americans With Disabilities Act was enacted. This law enacted civil rights protection in the public sector as well as private employment (as cited in Vacc & Clifford, 1995). Much attention has been given to ethnicity and gender when studying cultural diversity, yet less attention has been given to those with disability as being included under the umbrella of diversity. Henwood and Pope-Davis (1994) stated that many counseling researchers and practitioners have not been explicit in discussing the client population of those with disabilities. This population continues to be a type of diversity needing an increased level of sensitivity and expertise. There is a wealth of research in the area of rehabilitation counseling and specific training to become licensed as a specialist. However, counselors who do not specialize in rehabilitation counseling will interface regularly with individuals who have a disability. A study looking at the attitude of counselors toward individuals with disabilities found that counselors in training possessed more positive attitudes toward persons with disabilities compared with the normative sample. Rehabilitation counselors were the most positive, followed by school counselors and community counselors (Carney & Cobia, 1995).

Even though a counselor must be aware of the complexity of working with an individual with a disability, he or she can approach the counseling relationship from a transcultural frame of reference. First, one must consider that an individual with a disability makes meaning about his or her experience differently: One individual may view his disability as a permanent difficulty, whereas another individual may view her disability as something that has been integrated as a positive aspect of self. According to

Vacc and Clifford (1995), one factor to remember is that each individual with a disability is a unique person. Each human being with a disability desires to receive and respond to life's experiences in a way that is unique to him or her regardless of whether he or she has a disability. A person's worldview concerning a disability will also be greatly influenced by family of origin, social network, and educational and vocational experiences that inform an individual's story about how he or she relates to a disability.

One mistake a counselor might be apt to make is to assume that for a person with a disability, the focus of therapy is the disability. Some individuals may need to concentrate on grief, loss, relationship issues, discrimination, and coping issues related to having a disability, whereas other individuals may not need a counselor to focus attention on the disability because that may not be the issue of concern. According to Vacc and Clifford (1995), individuals with a disability prefer to be noticed for his or her humanness as an individual, not as a statistic or symbol of courage. A counselor who concentrates on how an individual copes with being in a wheelchair when the presenting issue is grief and loss over a parent may be overlooking the client's central need. The important aspect of the helping relationship is gaining clarity of the individual's difficulty in life concerns, not the counselor's imposed areas of concern.

CLINICAL VIGNETTES

Vignette 10

A 14-year-old Asian American boy named Daniel enters counseling because of a referral from his school. The adolescent is an eighth grader at a local public middle school and comes from a middle-class family. Daniel was born without a left arm from the elbow down and uses a prosthesis. The referral stated that Daniel has been "acting out" in class and has been caught fighting in recent months. When approached about the concerns, Daniel describes others as being the instigators. He says that sometimes others will tease him because of his arm and that makes him angry. He further states that his parents told him to just ignore them and walk away. How might you engage Daniel into the therapeutic process? What developmental and peer issues affect the current therapeutic issues? How might you explore with Daniel his feelings and thoughts about himself?

Vignette 11

Janice entered counseling because of feelings of sadness and depression. Janice is a 42-year-old European American married woman and mother of four children in middle school and high school. She describes lately a lack of desire to interact in social situations with family and friends. Janice was recently diagnosed with a partial hearing loss, which will continue to deteriorate. Lately, much of her attention has been centered on the hearing loss and sensitivity to the hearing aid, which she has begun to wear. How might you begin to understand the meaning of the hearing loss to her? How might this affect her relationships and regular activities? How would you explore issues of acceptance of her disability?

CONCLUSION

A counselor has the opportunity to both witness and explore with a person the many dimensions of his or her identity. At one time or another, the identity cultures represented throughout this text have been misinterpreted, devalued, or misunderstood. With this knowledge, a counselor has the opportunity to be a model of either pride or prejudice. The counselor who is able to enter the helping relationship fostering a sense of pride in individuals' various cultural identities is embracing the identity of a transcultural counselor. The counselor who enters the helping relationship with limited regard for understanding an individual's worldview or imposing his or her worldview as a replacement for a client is at risk of fostering a prejudicial relationship. The counselor who is able to have a strong awareness of self and willingness to obtain knowledge and understanding of the individuals in the helping relationship diminishes the risk of devaluing cultural identity.

Remember the honed and polished gemstone? During various times in one's life, different parts of the gem may become scuffed, scratched, or covered with dirt. Similarly, during times in one's developmental life, aspects of one's identity will be areas of focus more than other times. In one's life, gender identity may be more pressing than ethnicity, or sexual orientation will be less of an issue than religious faith. The transcultural counselor allows freedom for the individual to self-define how his or her identity interacts with the presented issue or problem. The transcultural counselor is willing to explore and educate himself or herself about a client's cultural identity. Finally, the transcultural counselor acknowledges how his or her views and thoughts about identity interact with the client's cultural identity.

In conclusion, the client is the richest resource of how cultural identity affects and what culture means in the helping relationship. The counselor can facilitate his or her learning by integrating knowledge, awareness, consultation, and experience to foster a helping relationship that is appreciative of a client's multidimensional cultural identity.

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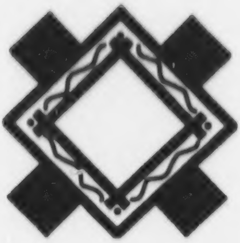

PART III

PROFESSIONAL ISSUES

CHAPTER 13

Transcultural Assessment: Toward Competence for the Twenty-First Century

J. Ronald Quinn

Certainly it seems wise, or at least careful, when beginning a discussion of issues about diversity and multiculturalism in counseling not to be overly restrictive in defining the terms to be used or the content to be considered. Pedersen (1996) illustrated this quite succinctly in commenting on Patterson's (1996) statement in the same issue of the *Journal of Counseling and Development* (*JCD*) that Wrenn's (1962) article, "The Culturally Encapsulated Counselor," was an early indicator, if not precipitator, of the multicultural movement in counseling. As Pedersen (1996) pointed out, there is "a rich tradition of counseling functions in both western and non-western cultures, which predates the nineteenth or twentieth centuries" (p. 236), and to presume less is to trivialize the numerous helping functions developed within various cultures throughout the history of civilization. Nonetheless, it appears certain that the immediate future of counseling will see multiple methodologies proceeding from numerous worldviews emerging from various cultures. Rather than insisting that there is an extant universal set of counseling skills that combines with a corresponding set of core counselor qualities across cultures, emphasis of the dialogue should center on the culture of the helper and that of the helpee, with sensitivity of the former to the cultural context of the latter as he or she seeks help. Competent multicultural counseling will no doubt depend heavily on communication by the counselor of Carl Rogers' five essential qualities as cited by Patterson (1996): respect for the client, genuineness, empathic understanding, communication of the first three qualities to the client, and structuring. However, the success of the multicultural counselor in effecting these qualities will depend on the counselor's accurate identification of his or her own racial identity, cultural values, and worldview vis-à-vis those of the client (Richardson & Molinaro, 1996). This places equal importance on differences as well as similarities and augurs against any "one-size-fits-all" approach. It also suggests that the same principles apply to that special function of counseling sometimes called *testing* or *educational measurement* but more recently referred to as *assessment* and *evaluation*. That is, the appropriateness and authenticity of the outcomes of assessment and evaluation procedures within the increasingly multicultural context of the late twentieth and early twenty-first centuries will depend as much on culture-centered as on client-centered counselors and testing specialists.

Unlike the broader field of multicultural or transcultural counseling, testing has a much briefer history and lends itself to more concise definitions. For most of the 100 or so years since Binet introduced the notion that something significant could be learned about the internal functioning of human mental activity by observing external human behavior (Binet & Simon, 1916), writers have tended to describe this external observing—usually by psychologists and other academics—as testing, and more recently college students have been offered undergraduate and graduate courses titled "Testing," "Tests and Measurement," "Educational (or Psychological) Measurement," or some similar label intended to convey clearly the limits of the subject and the expectations of the potential learners. However, in a little over a decade—earlier for psychologists—the terms *assessment* and *evaluation* have been commingled with *testing* and *measurement*, sometimes interchanging with, at other times expanding upon, and at other times differing from the older, simpler language. This expansion to more and broader terminology seems to have followed roughly the work of Bloom (1956) and others (Harrow, 1972; Krathwohl, Bloom, & Masia, 1964) in more precisely defining ascending orders of thinking from mere knowledge to understanding to application and thence to higher orders of thinking, continuing onward and upward in complexity, ostensibly with the hope of giving greater specificity to the mental function being observed or measured. All of this is to say that, although the terms overlap in their meanings in the literature of "The Science of Psychological Measurement" (Cohen, Montague, Nathanson, & Swerdlik, 1988, p. 47), in this discussion (a) *evaluation* will be used to refer to what counselors and teachers usually have dealt with under the rubric of *testing* or *educational measurement*, and (b) *assessment* will no longer be limited to the processes followed by school psychologists in deciding on special education placement or intervention but will be expanded to subsume the activities in (a), within a process which considers those activities along with the variables of "socioeconomic status, educational level, health issues, residential and regional differences, language, and acculturation factors" (Suzuki, Vraniak, & Kugler, 1996, p. 141), in the eliciting of significant inferences and conclusions about the internal mental activity of an individual human being by a professionally trained psychologist, counselor, or psychotherapist.

The semantic disarray could be even more exacerbated if differentiation were required between *cross-cultural, multicultural,* or *transcultural* contexts. The Staff (1992) of the *Social Studies Review* gave some serious and insightful thinking to the question, "Is it possible to be multicultural and Eurocentric?" (p. 15) in attempting to define multiculturalism. The answer seemed a qualified yes, depending on various multiethnic contributions to the European American establishment that seems destined to be in control for a while. In addition, D'Souza (1991) complicated the task of multicultural counselors by lumping all *multiculturalists* under the politically correct label, there to be attacked as illiberal foes of free speech. Linda Chavez (1991), who has made a political and literary career as something of a conservative maverick, seems piqued by the usage of the term *multiculturalism* as just another product of decadent liberalism. One facet of the definitional problem is the question of what prerequisites one must meet to speak for multiculturalism. In the first edition of this book (McFadden, 1993), the editor simplified the task by defining *transcultural counseling* as "a relatively new profession that attempts to respond to beliefs, needs and other circumstances prevalent among people of different cultural, ethnic, and economic backgrounds" (p. xiii) using various counseling approaches appropriately and more flexibly across cultures, both within and beyond national borders (p. xiv). Each usage, from *transcultural* to *multicultural* with variations in between and outside, belongs here because this discussion is firmly set within the arena of problems and issues of cultural and ethnic pluralism, whether viewed as a worldwide phenomenon or as peculiar to the European American establishment.

AN EXPANDING LITERATURE

A PUZZLING PAUCITY

It has become a cliché among dissertation authors and not a small number of writers in professional journals to begin discussions with a notice that very little about their chosen topics have appeared in the literature, thereby explaining the need for their attempt to illuminate their chosen subjects. (Having criticized doctoral candidates for using this notation without first conducting a thorough search, I was both surprised and humbled to find myself using the same words in the first edition of this book [McFadden, 1993], even after an intensive review.) There had long been a steady stream of assessment and evaluation practitioner articles, and typical samples disclosed problems that had remained fairly constant for more than a decade (Anastasi, 1992; Bozarth, 1992; Gough, 1992; Hilliard, 1992; Ibrahim, 1991; Karmos & Karmos, 1984). The tide of interest in things multicultural had risen rather slowly after Wrenn's (1992) thoughtful article in the then largely monocultural professional literature of counseling and psychology, but by the late 1960s and early 1970s contributions by multicultural professionals began to find their way into the professional literature with greater frequency, aided and abetted by a small number of professional organizations such as the Association for Nonwhite Concerns (ANWC), now known as the Association for Multicultural Counseling and Development (AMCD), and their professional journals.

Writers with professional concerns in the multicultural area steadily increased their publication output in journals and books from the 1970s to the 1990s with a tendency to focus on four cultural minorities: African Americans, Asian Americans, Hispanic Americans, and American Indians (Atkinson, Morten, & Sue, 1993; Locke, 1992; Weinrach & Thomas, 1996). By the early 1990s, the volume of multicultural literature was prodigious and the breadth and scope were impressive. Ahia (1984) was typical of the writers of the 1970s and the 1980s in his concern for cross-cultural aspects of effective counseling. S. Sue (1977) noted the poor and inequitable state of mental health services for minority-group clients and that the traditional service-delivery system did not meet their needs even when it was available. Others sought to develop new systems of counseling more responsive to cultural minorities (Gunnings & Stewart, 1989; Harper & Stone, 1974; Maultsby, 1984; McFadden, 1986; Vontress, 1981). Pedersen, Lonner, and Draguns (1976) began to develop training models for counseling across cultures and to identify essential multicultural competencies, while Atkinson, Maruyama, and Matsui (1978) examined the effects of the counselor's race on minority clients. The problems of acculturation and its effects on Hispanic Americans were explored by Padilla (1980); Trimble (1976) examined the effects of value differences in counseling American Indians. These are examples of the wide-ranging nature of the topics subjected to the scholarly scrutiny of multicultural mental health professionals through the mid-1980s, but there was a puzzling absence of articles and books written by multicultural scholars focused on the potentially troublesome areas of assessment and evaluation, with the notable exceptions of Berry's (1972) work with Cronbach and Drenth on the concept of intelligence in mental testing and that of Williams (1972, 1975) with the Black Intelligence Test of Cultural Homogeneity, or BITCH.

In the late 1980s and early 1990s, considerable introspective thought among multiculturalists, for example, Carter and Helms (1987), Carter (1992), Hansen (1987), and Ponterotto and Casas (1991), offered portents of an emerging aroused awareness of the technology of tests and measurement coupled with the skill and knowledge to develop new, more appropriate instruments. The review, critique, and recommendations by Sabnani and Ponterotto (1992) provided an excellent beginning for "a science of *multicultural* evaluation and assessment," to paraphrase Cohen et al. (1988). The imbroglio in the March 1992 issue of the *JCD* following McArthur's (1989, 1992) charges that militant feminists had brought about a virtual "book burning" of the Strong Vocational Interest Blank (SVIB) suggested that a not-so-distant drummer might be poised to point out that considerably more than the "SVIB's validity was limited to the *core culture* [italics added] of the United States" (McArthur, 1992, p. 517).

An excellent special issue on measurement practices in multicultural counseling edited by Sedlacek (1987) appeared in *Measurement and Evaluation in Counseling and Development (MECD).* Hansen (1987) provided an in-depth study of cross-cultural research on vocational interests (pp. 163–176), and with Carter and Helms (1987, pp. 185–195) introducing the "measurement of racial identity as one of the most important areas of research to be developed in recent years" (Sedlacek, 1987, p. 163), there seemed to be promise of more to come. But as useful as that special issue was, it made no critical judgments about the adequacy or applicability to various "noncore" cultures of the bulk of instruments in print and in use. Little of substance multiculturally appeared in the *MECD* for the next 5 years.

EMERGING LEADERSHIP IN MULTICULTURAL ASSESSMENT

Some of the excellent multicultural scholarship in measurement and testing and the research needs peculiar to multiculturalism (Carter, 1992; Casas, 1985; Helms, 1986; Parham & Helms, 1981; Ponterotto, 1988) began to expand into two of the three journals more directly concerned with the professional membership of the American Counseling Association (ACA): the *Journal of Multicultural Counseling and Development* (*JMCD*), *JCD,* and *MECD.* Then an article by Sabnani and Ponterotto (1992) appeared in the *MECD.* It was typical of these earlier seminal contributions, but it also contained an exemplary model for the scientific scrutiny of multicultural measurement instruments. In brief overview, Sabnani and Ponterotto (1992) (a) set out for, and achieved, a thorough evaluation of eight instruments "designed with a minority conceptualization and theoretical base" (p. 162) and (b) integrated the current status of research knowledge in minority-focused instrumentation into "a specific research agenda for the counseling profession" (p. 162).

In accomplishing their task, Sabnani and Ponterotto (1992) selected representative instruments from counseling and related interdisciplinary literature of the preceding decade; sought a balance as to type of instrument and ethnic groups focused on; and then reviewed each instrument in terms of its "theoretical–conceptual base, development, and psychometric properties" (p. 163). The eight instruments chosen included four focused on African Americans (e.g., the Racial Identity Attitude Scale; Parham & Helms, 1981);

one on Whites (the Modern Racism Scale; McConahay, 1986); one on Mexican Americans (the Acculturation Rating Scale for Mexican Americans; Cuellar, Harris, & Jasso, 1980); and two for all cultural groups (the Cross-Cultural Counseling Inventory—Revised [LaFramboise, Coleman, & Hernandez, 1991] and the Value Orientation Scale [Szapocznik, Scopetta, Kurtines, & Aranalde, 1978]).

The rigor and precision of the Sabnani and Ponterotto (1992) critique pointed out some of the blatant technical weaknesses of most of the eight chosen instruments, and they judged "minority-specific testing . . . to be considered at an early stage" (p. 179) and sorely lacking in the reporting of psychometric properties, particularly reliability and factor-analytic procedures. One might infer, although the authors made no such direct statement, that the "core culture" literature on testing was also sorely lacking in providing this same useful kind of professional, constructive criticism of multicultural instruments. The absence of any critical review of any of these eight instruments in either the *Ninth Mental Measurements Yearbook* (Mitchell, 1985) or the *Tenth Mental Measurements Yearbook* (Conoley & Kramer, 1991) or, for that matter, any other *Mental Measurement Yearbook* through 1996, suggests the need for better communication between multicultural and core culture specialists in evaluation and assessment. In any case, Sabnani and Ponterotto showed what needs to be done, although they spoke from a smaller forum than that warranted for their material.

Even as I sought explanations for the small number of scholarly contributions by multicultural assessment specialists (Quinn, 1993), some of them (viz. John T. Behrens, Sandra Bennett, Robert Carter, Guiseppe Costantino, Juris Draguns, Janet Helms, Teresa LaFromboise, Robert Malgady, Joseph Ponterotto, Donald Pope-Davis, Stanley Sue, and Gargi Sodowsky), under aegis of the Buros Institute of Mental Measurements, were convening the Multicultural Assessment Symposium at the University of Nebraska–Lincoln on September 17–18, 1993. The proceedings of this trailblazing symposium were subsequently published in expanded form by the Buros Institute (Sodowsky & Impara, 1996) and, over time, *Multicultural Assessment in Counseling and Clinical Psychology* should become a classic for the broad and solid scholarship regarding topics heretofore rarely found in the mainstream literature. I believe it to be one of two seminal texts whose basic impact on the advancement of multicultural assessment will be felt well into the twenty-first century. The other is the *Handbook of Multicultural Assessment: Clinical, Psychological, and Educational Applications* (Suzuki, Meller, & Ponterotto, 1996).

In the lead chapter of the Sodowsky and Impara text (1996), S. Sue (1996) gave expansive evidence of the unique needs of each culture and the cultural bias found in traditional measurement instruments and procedures. The original papers presented at the symposium were expanded into a book of almost 400 pages with added measurement and statistical analyses, advanced theory building, and a much more extensive review of the literature. The expanded work was no doubt made possible through the generous addition of lesser-known young scholars brought on by those named earlier. The editors concluded that the contributors to the book were recommending that

> to understand the nature of a problem's traditional diagnosis and standardized assessment, cultural and racial explanations should be used as alternative hypotheses as well as clinical judgment based on a decision-tree involving cross-cultural and indigenous frameworks, quantitative–qualitative methods of data analyses, and the use of multicultural paper-and-pencil and projective tests. (Sodowsky & Impara, 1996, p. 10)

Other important chapters in the Sodowsky and Impara (1996) edition are provided by Draguns (1996), who provided a long and carefully reasoned discussion on the difficulty in getting scientific objectivity and cultural sensitivity to merge; by Helms (1996), who continued her focus on assessment of *racial identity* as distinguished from *ethnic identity;* by Constantino and Malgady (1996) on the clinical utility of the TEMAS, a multicultural Thematic Apperception Test; and by Sodowsky (1996) on the correlates of multicultural counseling competencies. All are anchored by the work of Joseph Ponterotto, who has emerged as one of the leading three or four multicultural assessment specialists.

FROM PAUCITY TO PLETHORA

Maintaining the Buros tradition in assessment dating back to the 1930s, this new contribution seems to be a watershed event that helped precipitate a rich flow of scholarly articles by new, as well as old, multicultural assessment experts in new textbooks and in a broader variety of professional journals. Its heuristic effect combined with impetus from two other seminal events to increase exponentially the output of professional literature about multicultural issues in assessment. The first of these was an article appearing in the *JCD* titled "Multicultural Counseling Competencies and Standards: A Call to the Profession" (D. W. Sue, Arredondo, & McDavis, 1992). This was a powerful—almost passionate—statement of the entire counseling profession's recognition of the rapid diversification of the United States vis-à-vis the monocultural nature of counselor training. Grounding the document in the ethical guidelines of both the ACA and the American Psychological Association, the authors outlined a conceptual framework of nine "beliefs and attitudes," 11 necessary areas of "knowledge," and 11 essential "skills" that counselors must obtain from training and experience before working with clients "across cultures." With gratifying speed, the ACA's Association for Assessment in Counseling (AAC) released its "multicultural assessment standards" (Prediger, 1993) but inexplicably delayed for more than a year in publishing it in the association's journal, the *MECD* (Prediger, 1994). These 34 standards were a compilation taken verbatim from five extant "source documents," one each from the American Educational Research Association, the American Psychiatric Association, the American Psychological Association, and the National Council on Measurement in Education, as well as the ACA multicultural counseling competencies statement (D. W. Sue et al., 1992) of the ACA and AMCD. Much of the increased output centered in three areas: issues of ethics and fairness in practice; social, emotional, and personality assessment; and educational and cognitive assessment. Examples from each area are discussed briefly here to illustrate the increased quality, depth, and breadth, as well as quantity, of scholarship.

Issues of Ethics and Fairness in Practice

The question of unfairness and inequity in the use of standardized tests dates back at least to Williams (1972, 1975), who tried, with limited success, to illustrate the deleterious effects of cultural loading on White subjects taking his Black Intelligence Test of Cultural Homogeneity (BITCH). At least one of the assessment giants of the twentieth century (Cronbach, 1978) took Williams seriously—maybe too seriously—and suggested that the BITCH might qualify as a subtest on the adult Wechsler Scale! I believe that Williams was more interested in making his central point: the negative effects of the misuse of test data from instruments with cultural language and content bias stemming directly from inappropriately low scores for African American subjects. And how better to sensitize White monoculturalists than to have *them* receive low ratings on a test designed with language intentionally biased against *their* culture? More recently, Valencia and Lopez (1992) pointed out that test bias is an inherent quality of any test but that unfairness arises out of how test results are used in decision making, particularly in "high-stakes assessment." Valencia and Guardarrama (1996) defined high-stakes testing as "the exclusive or near-exclusive use of a test score to make significant educational decisions about students, teachers (prospective and incumbent), and schools" (p. 562). Multiculturalists of Williams's day were more concerned with the large number of inappropriate decisions in individual cases usually to do with individual assignments to special education interventions. High-stakes testing, as illustrated by its application, for example, in Kentucky for statewide school reform decisions (Jones & Whitford, 1997), offers the potential for a quantum leap in the misuse of test data. Noddings (1997) and Gough (1997) provided some sobering thoughts about the potential for harm deriving from a horse-race mentality in meeting national and international standards and a high-stakes assessment system for determining the winners and losers—students, teachers, and schools. Valencia and Guardarrama (1996) documented findings from California, Florida, Georgia, New York, North Carolina, and Virginia to show the pervasively negative effect on racial and ethnic minorities of minimum competency testing (MCT) alone. Paulson and Bell (1984) estimated that denial of high school diplomas to African American seniors through the Florida MCT resulted in 20% decline in African American students in that state's colleges and universities. Not only does the issue of fairness to minority students arise out of this form of high-stakes testing, but the tremendous social cost for draconian solutions to persisting educational problems is equally disturbing.

In spite of the much improved ethical guidelines from professional societies as illustrated by the appendix to the fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM–IV; American Psychiatric Association, 1994) giving instructions for considering cultural impact on presenting symptoms, professional counselors often are caught in dilemmas created by competing ethical principles (Sielo & Kopala, 1993). By arousing the anxieties of the professionals, these dilemmas increase the opportunity for error in decision making. It is obvious that mental health professionals need training, supervision, and guidance in the use of cultural, racial, and ethnic variables in assessment decision making, and the current lack of such thorough training needed in master's programs for counselors and psychologists constitutes a major ethical problem to the profession. Because the accuracy and usefulness of assessment decisions are so enhanced by knowledge of client cultural context (Pope & Vasquez, 1991), the ethical burden on the profession to provide such training immediately is heavy indeed (Keitel, Kopala, & Adamson, 1996), and it increases daily with the demographics.

Personality, Social, and Emotional Methods in Multicultural Assessment

Although the assessment of social and emotional functioning and personality dynamics are not central to most counseling practice, the use of personality instruments based on European American culture with cultural and ethnic minorities is fraught with opportunities for error and harm (Moreland, 1996; S. Sue 1991). Whereas counselors and psychologists are trained under a monocultural, European American model of science emphasizing objectivity, elementism, concreteness, determinism, and scientific values, Dana (1993) argued that multicultural research and practice should be characterized by intuition, holism, abstractness, indeterminism, and humanistic values. This suggests greater use of behavior observations of the client's real life with correspondingly less reliance on in-office assessment interviews and traditional test data. Furthermore, it demands a collaborative relationship between the client and an other-culture assessor to eliminate barriers created by differing worldviews and cultural experience. Most multicultural social and emotional assessment has been done with the California Personality Inventory (CPI), Minnesota Multiphasic Personality Inventory (MMPI), Rorshach, Sixteen Personality Factor/Questionaire (16-PF), and similar other personality instruments developed within the dominant culture but adapted to meet the needs of the affected multicultural group(s). Translation into another language has been the most common adaptation, with *back-translation* as the major method for ensuring linguistic equivalence (Moreland, 1996). According to

Moreland, back-translation involves translation from the original language of the instrument into the language of the affected ethnic group and then translation back to the original language by a second translator. By repeating this process with different translators,"the concepts rather than the language are central to the translated version" (p. 59). Language is an obvious area in which culture-sensitive assessment tools are mandatory deviations from the presumed universal traits reflected by the dominant culture. Nonetheless, other areas of difference such as functional, conceptual, and metric equivalence as well as psychometric bias, reliability, and validity require cultural sensitivity when assessing personality dynamics across cultures. For example, the MMPI item referring to *Alice in Wonderland* might have no meaning to an Asian client even when translated accurately, whereas the functional equivalence might be maintained by translating the function of *Alice* as "a story most children know and like" (Cheung, 1985). Similarly, if a concept such as depression does not appear in a given culture, then factor analysis of the MMPI or similar instruments should not indicate a depression factor for that culture. Failure to establish equivalence, reliability, or validity may lead to inaccurate and inappropriate inferences (i.e., psychometric bias) about the measures of one multicultural group compared with another. Finally, Moreland insisted that even when equivalence, reliability, and validity of a dominant culture instrument are established, assessor bias and moderator variables such as acculturation and value orientations can augur against accurate assessment.

Educational and Cognitive Assessment

Standardized achievement tests are far and away the most pervasive assessment tools used by educators and psychologists today. The General Accounting Office (1993) reported that they constitute 80% of all tests used in schools across the United States, and the large majority of those used are multiple choice. They are largely group administered, provide summative evaluation across a wide range of curricular content, and are typically given on an infrequent schedule (e.g., in Grades 5, 8, and 12), which is invariably set by a school board—or even by legislatures—with no direct relation to student or teacher needs or preferences. An individual's obtained score on a standardized achievement test has meaning only when translated into some form of standard score, such as a percentile or grade equivalent score, which then will show how the individual's score compares with the norm group or groups. For example, an obtained score of "22" on a mathematics subtest might translate to the 60th percentile on the local norms and to the 50th percentile on national norms. The 22 does not indicate the number of correct responses or how much mathematics the individual knows, but the percentile score tells us that he or she scored somewhat above average compared with the students in his or her school system, specifically scoring higher than 60% of the other system students and below 40% *on this test*. Nationally, the student's score is in the middle, with 50% scoring higher and 50% below. Despite their efficiency and popularity, standardized achievement tests are notoriously insensitive to instruction. Massive instructional interventions in low-scoring schools, states, or districts often produce only moderately significant positive test score increases (Howell & Rueda, 1996).

With respect to performance by minority students, technically referred to as *culturally or linguistically diverse* (CLD), the differential achievement on standardized achievement tests has been documented by Zeidner and Moss (1992) as systematically lower in comparison with Whites as a group. Figueroa (1990), Trueba (1989), and S. Sue and Padilla (1986) attempted to classify the various efforts to explain this consistent differential as (a) cultural difference explanations, (b) hypotheses linked to inborn traits that are not compatible with skills and abilities presented on standardized tests, or (c) context-related factors such as test attitudes and examiner–examinee rapport. Figueroa gave evidence that language interference alone may be a major factor. In a low-stakes testing atmosphere with emphasis on using test data to improve instruction and student learning, neither the differential nor the explanations are crucial, but in a high-stakes setting where admissions, graduation, placement, and credentialing are keyed to test results, multiculturalists, in general, and assessors, in particular, may need to think (and write) politically as well as scientifically and professionally.

Two attempts to ameliorate the negative effects of standardized multiple-choice formatted tests have multicultural implications. One is Curriculum-Based Measurement (CBM). CBM derives from a new approach to assessing student academic skills called Curriculum-Based Assessment (CBA), which uses the students' curriculum as the basis for decision making (Deno, 1986). CBM relies on short-duration tests of 1 to 3 minutes in reading, spelling, written expression, and mathematical computation. All test items come from the students' annual curriculum. It is formative in nature as contrasted to the summative evaluation of standardized tests. Its frequent measures permit timely and precise differentiation of applicable academic skills at one point in time, and, more important, these formative measures permit on-the-spot modifications of less effective teaching interventions, thereby increasing the opportunity to improve student learning.

Advocates of Performance-Based Assessment (PBA), the second ameliorative effort, argue that it is not only a means of assessing the National Academic Standards set forth in the Clinton administration's *Goals 2000* (Goals 2000: Educate America Act, 1993) but also the means to ensure that the national standards are met. Cancelli and Arena (1996) drew from Airasian (1994) and others in describing and defining PBA as an assessment procedure that requires observing a student's skill in carrying out physical activity or producing a product and evaluating that activity or product. PBA emphasizes demonstration of an actual task relevant to the curriculum (e.g., writing an essay, or laying bricks in a paved walkway) in a way that applies real-life knowledge. PBA assesses the procedures followed by the student in applying knowledge, but it is kept open-ended to assess alternative approaches by students for solving a problem or answering a question. One of the strong advantages of PBA is that a student's performance is compared with a standard, not to other children in the class. The potential negative aspect of PBA is that initial evidence suggests that the same mean group differences found in data from standardized, multiple-choice-type tests are found in PBA results as well (Linn, Baker, & Dunbar, 1991). When PBA results are used in important decision making, disproportionate representation of minority groups raises issues of risks and unfair use.

In a forceful argument that all academic standards and assessments should be used primarily, if not solely, to support student learning, Darling-Hammond and Falk (1997) suggested that

> Assessment information should be used, first, to inform teaching and to keep students and parents apprised of progress; second, to inform decisions about needs for more intensive supports, such as Reading Recovery, special tutor-

> ing, or similar strategies; and third, to inform decisions about special program placements that may be needed (for example, resource room assistance), with an eye toward minimizing fragmentation of learning. The goal should be to understand how students are learning as well as what levels of performance they have demonstrated on a variety of different assessments, in order to plan individually appropriate supports for continued learning. (p. 198)

Elsewhere, these writers (Darling-Hammond, Ancess, & Falk, 1995) have embraced the concept of *authentic assessment*, another alternative to traditional testing introduced by Wiggins (1989), who explained that, "Authentic assessments replicate the challenges and standards of performance that typically face writers, business people, scientists, community leaders, designers, or historians" (pp. 703–704). If essays and reports, research activities, proposals and mock-ups, and portfolios containing representative samples of these and other evidence can be used to assess successful work in the real world, then it can be argued that their replication in the assessment of instruction and learning can enhance and increase the authenticity and accuracy of that assessment.

Darling-Hammond and Falk (1997) qualified the use of authentic assessment with regard to graduation standards by saying that "a combination of standardized performance assessments and collections of other evidence of students' accomplishments" (p. 198), that is, authentic assessment portfolios, should be used. The combination is likely their concession to the fact that whereas traditional standardized testing has well-anchored psychometric standards for decision making, authentic assessment procedures do not.

EMERGING GUIDELINES FOR APPROPRIATE TRANSCULTURAL ASSESSMENT PROCEDURES

If D. W. Sue et al. (1992) have estimated accurately, the United States will become a numerically multicultural society during the first decade of the new millennium, with Whites constituting one of the larger ethnic minorities at 48% of the total population. The timing is right, and I am in agreement with McFadden (see Introduction of this book) that counselors from all cultures must now develop a reciprocal approach between counselor and each client based on understanding and acceptance of the worldview and culture of the client in a circular interaction that changes both in "a caring environment that transcends cultural, ethnic, racial, and national boundaries to develop mutual understanding between peoples" (p. xvi). In applying that philosophy to transcultural assessment procedures, I am indebted to a number of multicultural experts already cited in this chapter, but the work of Grieger and Ponterotto (1995), Rollock and Terell (1996), and Dana (1993) provide the major framework on which the following guidelines are developed.

ORGANIZING TRANSCULTURAL ASSESSMENT SERVICES

Some organizing principles are in order to help those professionals in the field, particularly those who are undergoing bewildering increases in the racial, ethnic, and cultural backgrounds of their clients, as, for example, school counselors and school psychologists. Is it possible to accurately and appropriately assess individuals from multiculturally diverse backgrounds with professionals largely educated in monoculturally centered training programs? Should the culturally sensitive professional simply adapt the time-honored formats and procedures of a mainline expert like Sattler (1988) or switch posthaste to a more universal model such as Berry's (1989) etic–emic approach? Rollock and Terrell (1996) suggested that, in spite of the limitations of traditional approaches, there are advantages in "integrating standard and multicultural assessment strategies" (p. 124). The following is a discussion of their organizational framework, which is, in turn, an adaptation of Dana's (1993) six stages of assessment. That framework is followed by a discussion of how Grieger and Ponterotto (1995) have used the constructs of *worldview* and *acculturation* as guiding principles for what they consider needed for any successful assessment program in a heterogeneous society.

1. *Selection of a culture-syntonic style for the assessment procedure.* After taking initial information and referral questions, the examiner explores with the client parameters that might deviate from "standard" practice in order to accommodate the cultural differences of the client and the examiner, for exam-

ple, adapting to a more or less directive style, or seeking translator consultation where language is a factor (Dana, 1993).

2. *Development of a working relationship.* Establishing rapport across cultures is essential in attaining the required closeness between examiner and examinee. A close relationship is needed for the examiner to understand the culturally relevant variables that can help clarify the nature of the presenting problem. During this stage, the examinee should be empowered to understand more fully the purposes for any proposed assessment procedure and how to make optimal use of assessment (Rollock & Terrell, 1996).
3. *Selection of culturally appropriate instruments and procedures.* The facilitative climate established in Stages 1 and 2 should help inform the examiner in selecting the tests and procedures to bring to bear on the presenting problems or referral questions. In general, the more oriented the client is to mainstream culture, the more likely the use of etic-based instruments will yield appropriate results, but "the traditionally-oriented, nonacculturated monocultural examinee may require more culture-specific or emic-modified existing technology" (Rollock & Terrell, 1996, p. 127).
4. *Communication of findings.* As a step in empowerment of the examinee, the formal results should be shared with her or him, and including family members may increase empowerment while providing the examiner more insight into the examinee's worldview (Rollock & Terrell, 1996).
5. *Development of a culturally appropriate intervention plan.* The formal findings and appreciation of the examinee's cultural orientation should help develop an intervention plan that the examinee can understand and put to use. Again, early involvement of family members may facilitate further assessment interventions (Rollock & Terrell, 1996).
6. *Exploration of client satisfaction with services and providers.* Assessment is an ongoing aspect of effective treatment and, as such, its results may inform changes and adjustments to the treatment plan based on client perceptions of the value of that treatment (Rollock & Terrell, 1996).

IMPLICATIONS OF CLIENT'S WORLDVIEW AND LEVEL OF ACCULTURATION TO ASSESSMENT PROCEDURES

Any assessment must seek accuracy leading from a developed understanding of the examinee's *worldview,* which involves an inquiry into her or his (a) individual, group, and cultural identity; (b) values and language; and (c) perceptions of the assessment as part of the helping process (Dana, 1993). A second psychological construct that must provide the second half of a successful framework for multicultural assessment is *acculturation,* or the psychological changes undergone by a member of one culture in interaction with a new culture (Padilla, 1980). Because most of the research done with acculturation has largely centered on past and present Asian American and Hispanic American immigrants, and to a lesser degree applied to American Indians, the construct of *racial identity* is more often applied to intracultural variations between African Americans and White Anglo-Saxon Americans. The six following components of worldview and acculturation make up the framework for assessment used by Grieger and Ponterotto (1995).

1. *Client's level of psychological mindedness.* A West European worldview includes the concept of emotional disturbance, whereas a client from another culture whose background diverges significantly from the Eurocentric view will not likely include the concept in her or his frame of reference. Grieger and Ponterotto (1995) illustrated the importance of this understanding in the case of Tsui-Ling, a fictionalized name for a 28-year-old Taiwanese woman who came to counseling seeking strategies for improving her concentration in order to complete her dissertation more efficiently. Tsui-Ling's counselor found, through in-depth intake, that she had experienced a second trimester miscarriage during a visit with her family in Taiwan, and she now exhibited, from a Western worldview, typical signs of depression such as fatigue, inability to concentrate, loss of enjoyment in most activities, profound sadness, and inability to sleep. Tsui-Ling's traditional culture provided no basis for understanding the concept of depression; psychological mindedness was nonexistent. She was further confused by her continuing fatigue and lack of

motivation on her return to the United States, since she had received excellent medical care and physical nurturance subsequent to her miscarriage. The culture-sensitive counselor recognized that, from Tsui-Ling's worldview, the miscarriage was a physiological event with no emotional connection. Education on the psychological construct of depression and on the emotional fallout of significant medical experiences became an important part of Tsui-Ling's successful therapy, which also included medication in conjunction with counseling. Lack of training and experience with respect to worldview and insensitivity to its cultural ramifications could have led the counselor and client to unsuccessful attempts to meet the client's presenting goal of academic efficiency (Grieger & Ponterotto, 1995).

2. *Family's level of psychological mindedness.* No members of Tsui-Ling's family saw their problems in a psychological context and, thereby, they gave her no basis to do so. Sometimes a client like Tsui-Ling may bring back to the family more sophisticated psychological understanding that they may or may not be responsive to. Whatever their reaction, the culture-sensitive counselor must continue to factor it into understanding the client.

Grieger and Ponterotto (1995) illustrated this aspect of worldview with the case of Mary, the fictionalized name for a 19-year-old college sophomore from an affluent Irish American family with six siblings, who complained of severe depression. Like many Irish American families, Mary's family placed a high value on stiff-upper-lip stoicism. "Pull yourself together and stop feeling sorry for yourself" was sincerely meant to be useful advice and not callous and uncaring. The traditional Irish American worldview sees little value in psychological and emotional phenomena, and Mary felt conflicted and guilty in seeking counseling to talk about her pain and to focus on her emotions. Preliminary work with Mary was to convince her that she had permission to be in counseling in the first place, after which she was able to explore the role of a physically abusive father and of the denial of her mother and siblings in contributing to her own pain, and to commit herself to needed psychotherapy (Grieger & Ponterotto, 1995).

3. *Client's and family's attitudes toward helping and counseling.* The attitude of the client and the family toward seeking help with emotional problems, particularly outside the family, is related to level of psychological mindedness. For example, it is common in Italian American and Hispanic American families that even if a problem is emotional in nature, one does not talk about it to someone else outside the family because the family is best suited to manage the distress of its members. If an outsider is sought, the parish priest would be the obvious choice because he has a closer relationship with the family. The sensitive counselor should seek to appreciate the level of conflict the client feels merely for being in counseling and to raise the comfort level for speaking to an outsider about personal concerns (Grieger & Ponterotto, 1995) .
4. *Client's level of acculturation.* A culture-sensitive counselor proceeds from the understanding that the roots of counseling and psychotherapy are embedded in a White, Eurocentric value system. The closer the client fits those demographics, the more comfortable he or she is with the assessment process (Grieger & Ponterotto, 1995). The more they differ, the greater is the client's level of distrust for the assessment and for the counselor.

   Grieger and Ponterotto (1995) illustrated this with a case involving Diane, the fictionalized name of a 35-year-old African American woman and Akeem, her 36-year-old husband from Ghana. Diana initiated the counseling because of Akeem's secretiveness, his socializing only with other people from Ghana, and his lack of verbal communication with her. He was puzzled by her dissatisfaction, particularly because from his cultural perspective, his actions as a husband had been absolutely appropriate. For Akeem, seeking counseling was foreign and uncomfortable, particularly when the first session was with a White female counselor; Diane seemed quite comfortable, assuming that the counselor shared her own cultural perspective on marital values. By bringing in an African American co-counselor and by patiently educating Akeem on the potential value of counseling to his marital happiness, the couple began to understand through their dialogue that their marriage had been built on a naive disregard for their considerable cultural differences. Shared racial background did not offset Diane's "Americanness" or Akeem's very different worldview acquired through living most of his life in Ghana. Over time, they were able to speak openly about their fears and expectations and to renegotiate their relationship.

5. *Family's level of acculturation.* Varying levels of acculturation between family and client are a frequent focus of concern, and understanding of those differences can be crucial to helping clients select options that serve them best in the long run. Indira was the fictionalized name of an 18-year-old high school senior chosen by Grieger and Ponterotto (1995) to illustrate this facet of multicultural assessment. Indira sought counseling and information about birth control because she had decided to become sexually active. Questions about family cultural background revealed very traditionally Indian parents, who spoke their native language in the home, ate traditional foods, visited India yearly, and were firmly set in their plans to arrange a marriage for Indira with someone raised in India, an idea which Indira had accepted. Given the family's very low level of acculturation, the culture-sensitive counselor recognized that providing birth control information and helping Indira explore her feelings about sexuality were insufficient bases for counseling. By helping the client more thoroughly understand that, given her parents' low level of acculturation and her own desire to meet their marital expectations, she came to understand that she did not have the option of living the life of a young American adult.
6. *Family's attitude toward acculturation.* Differences between the family's level of acculturation and the family's attitude toward the acculturation of their children vary between cultures. Parents from India, Asia, and the Middle East typically choose a low level of acculturation for themselves and for their children as well. Conversely, parents of European origin tend to choose a low level for themselves but are much less restrictive on their children, often seeming to sense that some aspects of acculturation might benefit their children.

   In working with clients whose parents are Middle Eastern, Asian, or Indian, counselors should understand that restrictions on the freedom of female children and youths are considerable and nonnegotiable. Efforts to separate beyond parental boundaries will likely lead to profound consequences for disconnection (Greiger & Ponterotto, 1995).

CONCLUSION

A review of the literature of multicultural assessment reveals a rapid development and maturation in this field, with a formidable body of substantive scholarly work and research being produced in less than a decade, spurred on by the heuristic work of a few pioneers. Conventional texts in the literature on assessment in counseling heretofore have tended to treat multicultural issues as adjunctive to the main discussion carried on by largely monocultural leaders in the profession, in much the same way as conventional texts in counseling have dealt with multicultural counseling issues. The quantum increase in professional contributions coupled with other related social and educational issues (e.g., educational reform and national educational standards) seems to be moving the discussion with similar force and direction as that of the demographics. And if texts with an emphasis on multicultural assessment such as those by Suzuki, Meller, and Ponterotto (1996), Ponterotto, Casas, Suzuki, and Alexander (1995), Dana (1993), Helms (1990), Irvine and Berry (1988), Padilla (1980), Shinn (1989), and Valdes and Figueroa (1994) are indicative of output that might be expected in the decade 1995–2005, the predominance of assessment tomes prepared from a largely monocultural perspective will have faded, as much through market pressures as through professional needs. The immediate future promises a transcendence in counseling and assessment with portents for fuller and better lives for many who were formerly neglected and underserved, if not oppressed. And that is a transcultural goal to work toward with determination and hope.

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379

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CHAPTER 14

CURRICULUM TRENDS IN TRANSCULTURAL COUNSELING IN COUNSELOR EDUCATION

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Fundamental to the successful application of transcultural counseling and its commitment to bridging cultures are the attitudes and competencies of counselors. Theories, paradigms, and concepts have vitality and meaning only when they are tested and implemented by persons prepared to understand and act on the premises they represent. Thus, a central issue in implementing the multiple elements of transcultural counseling is how these ideas are reflected in the content of the counselor education curriculum and, thereby, in the socialization of counselors to their professional responsibilities and opportunities in transcultural counseling.

This chapter examines some options by which the counselor education curriculum can emphasize the types of counselor preparation implicit in transcultural counseling by first reviewing broad curriculum trends and then exploring the application of these broad trends through two examples of special interest in counselor education: (a) internationalizing counselor education and (b) incorporating transcultural trends into rehabilitation counselor education.

Of concern in any analysis of counselor education curriculum issues is the potential difference between the overt and the hidden curriculum of the program. The overt curriculum—the printed course syllabi, the announcement of the programs' objectives, and the examinations used—may all affirm the counselor education program's commitment to a particular emphasis (e.g., to promote transcultural counseling). However, if the faculty does not admit a culturally diverse student body or provide culturally diverse role models, uses only Eurocentric theories in courses, and fails to use culturally diverse examples in course work, the message given to students and to others by the hidden curriculum may overwhelm or defeat those espoused in the overt curriculum. These are issues of curriculum planning as well as of commitment to the array of possible models that will be used to shape the counselor preparation curriculum (e.g., transcultural counseling, systems intervention, life span approaches, developmental or remedial strategies).

PREMISES OF THE TRANSCULTURAL MODEL

As curriculum elements in counselor education are considered, a thorough review of knowledge is necessary before planning the specific subsystem. One is the set of assumptions or concepts that underlie the emphasis to be incorporated into the program planning. The first basic question is, What is to be taught if this theory, paradigm, or concept is to be included in a counselor education program, and what are the experiential or cognitive elements of importance? The second question is, Are there models in the professional literature about how such learning might occur?

Because the various chapters in this book are devoted to the history, the concepts, and the interventions associated with transcultural counseling, there is no reason to write an exhaustive summary of the content of the transcultural approach here. It is, however, worth identifying some fundamental perspectives used in this book:

- The transcultural counseling approach, emphasizing active and reciprocal processes in a mutually acceptable environment for everyone concerned, is an outlook designed to bridge gaps between culturally diverse social groups.
- The ability to face increased complexity and work across and through cultures is the major theme reflected by transcultural counselors who labor to provide a caring environment that

transcends cultural, ethnic, and racial boundaries across national frontiers to develop mutual understanding between people.

- Transcultural counseling is a method of using cultural knowledge and skills creatively to help others survive and live satisfactorily in a multicultural world.
- Transcultural counseling challenges therapists to use their know-how and resources more flexibly and provide counseling across cultures.
- Transcultural counseling does not require that the counselor be an expert in any of the cultures involved or adhere to any school of thought. Rather, transcultural counseling endeavors to develop open-mindedness on issues pertaining to the clients' value system.
- Counselors who plan to deal with issues involving plural societies should have flexible approaches at their disposal to respond effectively to their clients' needs.
- Counselors who deal with multiple cultures can no longer provide counseling that reflects the value systems of only one or two cultural perspectives.
- Traditional counseling procedures have often been grossly contaminated with stereotypes of individuals, groups, and societies of different backgrounds in which ideas and actions by clients or people from unfamiliar backgrounds are viewed as inferior rather than different. The transcultural approach stands for self-examination leading to the creation of symmetrical relations between counselor and client, which leads to a better understanding of ways others view themselves and avoids self-righteousness.
- To establish credibility, the transcultural therapist must modify his or her style and be consistent with clients' expectations.
- Transcultural counseling emphasizes readiness to adapt and use different methods and strategies that promote access to cultural values salient to those of the counselor. The transcultural approach seeks to have counselors understand cultural differences and develop a reciprocal approach between counselor and client.

Although this list is a sketchy portrayal of the models of transcultural counseling discussed in this book, the emphases listed are important concepts. They reflect attention to the self-awareness and attitudes of the counselors; a nondefensive openness to values different from the counselor's; a respect for the impact of cultures on the attitudes and behaviors of persons; knowledge differences in cultural value systems, as defined by national boundaries or other variables, such as race and ethnicity; a willingness and ability to match interventions to the cultural characteristics and value systems of the client; and counselor flexibility and openness to a reciprocal relationship with clients.

In planning a curriculum, a counselor education faculty must decide whether the assumptions of transcultural counseling are compatible with their beliefs about counseling and the attitudes and competencies important to counselors. If the assumptions are acceptable, then from a pedagogic perspective the question becomes what preparation models might be used to embed the attitudes and content of transcultural counseling in the curriculum.

PREPARATION MODELS RELATED TO TRANSCULTURAL COUNSELING

One of the most frequently used models of training counselors or other helpers in multicultural awareness is that of Pedersen (1994). In his book, *A Handbook for Developing Multicultural Awareness*, Pedersen suggested that the three stages of multicultural development are awareness, knowledge, and skills. He identified concepts, exercises, and strategies that can help a counselor education faculty provide for awareness, knowledge, and skill in different parts of subsystems of the counselor education curriculum. Pedersen's views about awareness, knowledge, and skill might be summarized as follows.

AWARENESS

Unlike some other observers, Pedersen (1994) did not believe that multicultural awareness is an end in itself. Rather, he suggested that it influences intentional and purposeful decision making by helping a person be aware of how cultural differences may affect individual perceptions of behaviors or other persons. Pedersen further believed that culture lies within the individual, and that as such it is not separate from other learned competencies. Multicultural awareness is a basic ingredient of multicultural development in the sense that such development proceeds first from an increased awareness of an individual's opinions, attitudes, and assumptions to an increase in knowledge about significant cultural variables and finally to increased skills that facilitate taking appropriate action.

Pedersen (1994) argued that the first stage of developing multicultural awareness comes from asking the right questions about the students' own cultural influences and about other cultures of interest. Such questions have to do with helping students be aware of their prevailing assumptions, the cultural biases they hold, and the values to which they are committed, before developing a knowledge base about different cultures. Much of the learning related to self-awareness of students or faculty will likely require experiential learning, which may be facilitated by such techniques as role playing, role reversals, simulations, field trips, critical incidents, case studies, and direct contact with persons from other cultures.

KNOWLEDGE

The second stage of multicultural development has to do with the knowledge one has as a basis for understanding. Cultural knowledge takes many forms as it relates to one's own cultural influences, those of various cultural groups, and cross-national cultural differences. Such knowledge includes how the psychologies of these different cultural groups vary and how culturally defined groups differ in their separate identities, their worldviews, and their beliefs and traditions. Pedersen (1994) suggested that cultural dimensions that separate groups from one another can be viewed at three different levels: international, ethnic, and social role.

To impart multicultural knowledge, Pedersen (1994) suggested a variety of methods, including guided self-study using reading lists, lecture and discussion, panel discussion, audiovisual presentation, interviews with consultants and experts, and observation. One could add to this list knowledge about research on minority groups or mental health interventions used by different cultural groups, existing models of racial and gender identity development, instances of cultural bias in counseling tools (e.g., tests) or in the organization and delivery of mental health services, and the availability of culturally sensitive professional guidelines for program development and accreditation, test use, admissions, or other matters.

SKILL

In Pedersen's (1994) view, skill development is predicated on awareness and basic knowledge of what is needed to bring about effective change in multicultural situations. In this context, there are methods of counseling that are preferred in some cultural contexts and not in others. Indeed, he suggested that there are as many different methods of helping persons as there are cultural groups. In the same way that each cultural group may define its own criteria of appropriate helping methods, each culture has its own implicit and explicit requirements concerning the formal and informal context of seeking and receiving assistance. Obviously, within such perspectives many culturally relevant skills would be of concern. Among them are behaviors that relate to being accepted by persons from other cultures, identifying appropriate ways to bring about change in collaboration with clients or with the systems they occupy, and ability to receive information about value systems different from one's own and to respect human diversity and personal rights.

One method that Pedersen (1994) advocated for training multicultural counselors is the *triad model* as a way of helping counselors discern and be more sensitive to the culturally different client's internal dialogue. In simplified terms, the triad model includes a counselor-trainee from one culture who works with two coached persons: one a client and the other an anticounselor who tries to make explicit the resistance of culturally different clients in specific client–counselor interactions. In this model, counseling is a three-way interaction between the counselor, the client, and the problem. The anticounselor represents a personification of the client's internal dialogue or problems and tries to prevent the counselor from creating an alliance with the client to solve the problem. The effort is designed to help the counselor learn to work within the client's perceptual framework.

Beside the triad model, Pedersen (1994) suggested other techniques to develop skills in multicultural counseling. These include modeling and demonstration, using video and media resources for feedback, supervising, and practicing new behavior patterns.

Pedersen's (1994) perspectives on multicultural awareness are a major framework for considering the elements of curriculum relevant to transcultural counseling. There are other useful perspectives as well. For example, some experts recommend developmental approaches to infusing curriculum with multicultural perspectives (Carney & Kahn, 1984; Reynolds, 1995), in which concepts and strategies are presented in a hierarchical fashion, challenging counselor-trainees by presenting alternative conceptualizations and worldviews while providing new knowledge and skills for incorporating these belief systems into a counseling approach. Myers (1993) supported a cognitive approach to helping counselor-trainees understand how their own cognitive filters influence their emotions and beliefs about racial and ethnic minorities.

Other theorists have combined the work of leaders in the field of multicultural counseling into training models that are quite comprehensive. For example, Reynolds (1995) discussed a multilevel training approach that describes changing attitudes, knowledge, and skills on an individual, group, and institutional level. Wehrly (1991) used an earlier model of Carney and Kahn (1984) to develop a stage model of counselor training. This model takes students from positions of relative naiveté about other cultural groups and views based on ethnocentric attitudes through stages embodying emerging awareness of their own ethnocentric beliefs and behaviors, conflict associated with feelings of guilt and responsibility, and emerging self-identity as cross-cultural change agent and participant, to the final stage in which the student assumes a self-directed activist posture in expanding his or her own cross-cultural knowledge, attitudes, and skills, and in promoting cultural pluralism in society at large. Carter and Qureshi (1995) described a topology for categorizing the philosophical assumptions underlying the development of multicultural counseling and training programs. Their classification system distinguishes among five broad approaches to multicultural counselor training: Universal, Ubiquitous, Traditional, Race-Based, and Pan-National. Transcultural counseling has its roots in all of these approaches, as it emphasizes both the universal qualities of human experience, racial identity development issues, and broad regional or national differences in worldviews (McFadden, 1993).

TWO PERSPECTIVES ON TRANSCULTURAL COUNSELING IN COUNSELOR EDUCATION

As one looks at the many implications of transcultural counseling in counselor education, it is probably fair to argue that different emphases within counselor education need to be treated somewhat differently but nevertheless in ways consistent with the principles of transcultural counseling. In addition to the broad perspectives on the curriculum implications of transcultural counseling already discussed, there are subtopics within counselor education that represent examples of the special application of such perspectives. Two such examples are internationalizing counselor education and, in a more specialized sense, curriculum trends in rehabilitation counselor education that address the cultural differences that may be represented in disability.

INTERNATIONALIZING COUNSELOR EDUCATION

As counseling has become a process, a program of services, or a mechanism to deal with specific national goals for the allocation or the freeing up of human capital, it has moved from a parochial or limited function to one with worldwide implications and connections. Counseling has been internationalized, and counselor education has no choice but to recognize and respond to international trends, needs, and approaches.

The world's political, economic, and social systems have undergone radical transformation in the past decade. These changes have implications for people's choices, achievement images, anxieties, cultural identity, information requirements, and other aspects of their psychological and economic integrity to which counseling can respond. In many countries, counseling has become a major sociopolitical instrument in national development plans designed to respond to the priorities and to the educational, psychological, social, and employment or career issues experienced in a nation.

It has become clear that neither counselors nor the problems people bring to counselors exist in a vacuum. In all nations where mental health services, counseling, guidance, or related processes are available to citizens, these services and their practitioners perform sociopolitical functions. Depending on the specific nation, the resources to support counseling, the definitions of which groups should be served, the conceptions of mental health or illness, the settings in which counseling is provided, and the configuration or substance of counseling, services are likely to be classified, articulated, and provided, directly or indirectly, through government funds and policies. In accordance with the political, economic, and social characteristics of a given nation, the focus of counseling is related to expectations beyond those defined by some set of professional guidelines. As a result, counseling services often differ in purpose and content across national boundaries and across cultures (Herr, 1998). National differences in the provision of counseling extend to the social and political purposes to be served—for example, to preserve the social status quo or to change it, to increase social and occupational mobility or to stratify or preserve existing economic structures, to amplify the individual satisfaction likely to be found in work or in citizenship, or to advocate for dignity and facilitate the needs of culturally diverse populations. The associated goals of counseling (e.g., to identify and distribute human capital, to treat what national policies define as particularly troublesome segments of the population—people who are mentally ill, violent, or unemployed—or to facilitate human development and self-actualization) are not fully discrete or mutually exclusive. In any case, the assumptions on which national policies define by legislation, statute, and funding who will be served and for what purposes also typically identify who provides counseling services for whom, where, and the outcome expectations. Thus, a complex set of cultural elements interacts in particular nations, including the United States, to affect what counselors do and why.

Historically, the implementation of counseling services has been uneven across the world. This has been so primarily because nations must reach certain levels of industrialization, information, occupational and psychological diversity, and resource availability to require formal organization of mental health or other therapeutic services designed to facilitate individual behavioral development as sanctioned within the national context (Herr, 1985). Counseling services, then, must be understood and appreciated as sociopolitical processes shaped by the legislation and policies of a specific nation and by the cultural dimensions that prevail. Of particular importance to the national development of counseling services are such elements of culture as "the nature and rigidity of the class and caste structure, the value system, the relationship of the individual to the group, and the nature of the enterprise system" (Super, 1985, pp. 12–13). These elements vary from nation to nation and within nations. But, whatever the combination, they are the mediators of the available opportunity structure for different groups of people; of the available career paths and mobility factors; of the social metaphors that are translated into policy and into achievement images portrayed by the mass media; of contingencies or reinforcements that shape the individual's cognitive structures, habits, and information-processing mechanism; of the in-groups and the out-groups of society; and of expectations for institution or personal loyalties. Regardless of its specific focus, the social structure of a particular community or nation creates the circumstances in which people develop as human beings, as workers, and as parents. The social structure shapes the possibilities for choice, determines the knowledge available to people about their opportunities, and reinforces the acquisition of specific types of behavior. It is within their physical, social, and cultural environments that people negotiate their personal identity, belief systems, and life course. Such political, social, and economic contexts in which individuality is framed and is lived out change across nations, communities, and families; across racial or socioeconomic groups; and, certainly, across time (Herr, 1998). As they change, their ripple effects on individuals and social systems become the content with which counselors serving different subpopulations within different nations deal.

The internationalizing of counselor education, then, as one of several possible applications of transcultural counseling, takes on importance from a variety of viewpoints. Some of these possibilities follow.

1. *Place into counselor education curriculum information about how culture affects individual behavior and how counseling varies in its acceptance and implementation from nation to nation.*

Including such information not only recognizes the importance of internationalism and the broadening of one's personal paradigms about culture, politics, economics, and other matters that make up the "social ecology" of different nations, but also mirrors, for Americans, the importance of acknowledging that America is a land of immigrants. Therefore, what one learns about other nations and their cultural perspectives has its residual in the worldviews of the waves of immigrants who came to this nation—

first primarily from Europe, then in forced circumstances from Africa, and more recently in escalating numbers from Southeast Asia. In counseling theory and practice, we have often taken only a Western psychological view of behavior as linear and individualistic, not an Eastern or Afrocentric view of behavior, which is more likely to be collective, group-oriented, and communal in support for people. Or, equally often, the assumptions and techniques of counseling have treated cultural differences as unimportant or ignored them. Thus, counseling models have treated primarily intracultural phenomena, not intercultural or transcultural phenomena.

There has often been the assumption in the national rhetoric that after a person has come to the United States, he or she is almost magically transformed into an American, however that is defined, from whom previous belief systems and culturally mediated behaviors have been purged, and the person's behavior will then be guided by the norms of the adopted culture. However, cultural heritages are not extinguished easily. McGoldrick, Pearce, and Giordano (1982) in their classic book, *Ethnicity and Family Therapy,* have emphasized the continuing, intergenerational effects that family background transmits or reinforces. One's orientation to the past, present, and future; how one views and interacts with strangers and people beyond the family boundaries; how one interprets one's obligations and responsibilities to others; how one views work, marriage, or child rearing; what one defines as a problem and appropriate solutions; and how one copes with a cultural identity or, indeed, the balance between one's adopted cultural identity and one's culture of origin are all affected by one's ethnic, racial, and cultural heritage. Such traditions and their original roots in other nations, cultures, or social structures persist for a long time in people's concepts of who they are and the behavioral norms to which they subscribe—in the ways they conceptualize emotional or mental distress and what they are willing to do with it or with whom they will discuss it. These factors shape behavior, and they lay a base for the interactions likely to occur in a counseling relationship, whether it occurs one-on-one, in a group setting, or within a family therapy context. These views are consistent with, indeed central to, transcultural counseling.

In one sense, then, to understand the variance in behavior and the cultural constructions that motivate the behavior of individual

Americans, one's interest in internationalizing counselor education becomes a selfish way to create a framework by which to understand America as a microcosm of national differences across the world—a way to take action on the fact that cultures represent expectancies for action, templates, and guidelines that give predictability to or explain normative behavior within groups, behavioral sanctions and windows on events, and perceptual systems oriented to what one should or should not attend to. These perspectives bring vitality to our perceptions that decision making, the development of self-identity, and life choices do not occur in a vacuum. They occur within cultural constructs that reinforce certain types of behavior and try to extinguish others. They occur as a residual, however vague, of the national origins of the traditions by which one's family or subgroup has organized its learning.

Cultural effects do occur at the national level as well as at the community and group levels. Peabody (1985) summarized a body of research describing national psychological characteristics in which he has been engaged. His research compared psychological characteristics among the English, Germans, French, Italians, Russians, Americans, Northern and Southern Europeans, Swiss, Swedes, Irish, Finns, Dutch, Eastern Europeans, Austrians, Greeks, Turks, Czechs, Hungarians, Spanish, and Filipinos. He also summarized other major works that examine intercultural diversity across national groups. On balance, his work suggested that when national psychological characteristics are compared, there are partial differences rather than complete differences among groups. Some behavioral manifestations tend to overlap across nations, whereas others are quite distant. Another finding of his study was that national characteristics are created by historical developments, and therefore they can and do change over time. Some national psychological characteristics change rapidly under the onslaught of technology, for example, or occupation by foreign troops, whereas other national character changes are much more subtle and gradual.

Perhaps the most striking finding of Peabody's (1985) study was that psychological characteristics of the national groups investigated are distinguishable and consistent (p. 57). Space and purpose do not permit an analysis of the specific psychological characteristics found in each group or their similarities or contrasts with those in other groups. Suffice it to say that the national groups tended to differ in (a) social relationships, (b) social rules, (c) control of hostility, (d) impulse control, and (e) authority and hierarchical relations. It is clear that the variations in how each of these differences is reinforced and portrayed in a particular nation are internalized by many, if not most, members of that national group. Thus, modal behavior for one national group is likely to be different from that for other groups. Indeed, the rules for interaction or action in a situation are largely cultural with respect to private and public relationships, the formality of communications, and the intimacy or spontaneity by which such relationships are conducted (p. 31).

In such a context, internationalizing counselor education means helping students understand that the human personality and the social structure are interlocking systems. Individual acts are framed within a cultural imperative. Such international perspectives so framed allow counseling students to understand more clearly and forcefully the why of transcultural counseling as an essential tool of counselors in America as a land of immigrants and, increasingly, as professionals in a global economy where cross-national migration will increase cultural diversity, not diminish it.

2. *Recognize again from the experiences of other nations that there are many ways to deliver counseling services.*

The American emphasis on individual counseling provided by professionally trained counselors who specialize in specific functions or disorders is not the way of the world. Many nations are more likely to use persons at less than the master's degree as the core of such counseling provisions, or persons we would consider paraprofessionals. Frequently these persons are trained in workshops or certificate programs, not formal academic degree programs.

In many nations, counseling is provided to many people by indigenous help-givers, shamans, medicine men or women, or other natural helpers. For better or worse, these people are not likely to have computer-assisted career guidance systems or dictionaries of occupational titles or batteries of tests to help their clients. They must rely on their personality as the major therapeutic mechanism, create expectations in clients that they will improve, and use models in the community or networking or mentoring as adjunctive therapeutic devices. They frequently work with groups of clients, not just with individuals. Such learning from internationalizing counselor education, particularly among developing nations, again stresses for students that the essence of counseling lies in communication skills, in caring for one's clients, in creating an environment that sets expectancies for improvement of symptoms, and in assisting clients to regulate their own behaviors.

3. *Accept and train international students.*
This is, perhaps, the most obvious way to internationalize a counselor education program. However, there are likely to be problems with this way of internationalizing counselor education unless the concepts and cultural sensitivities identified in Items 1 and 2 are first woven into the program. If they are not, counselor education may do international students a disservice by suggesting that American or Western assumptions about personality, techniques, and counselor behavior have universal applicability. As has been discussed here, they do not. They must fit within or be tailored to the cultural imperatives, the resources, and the values of the nation in which they are to be delivered. In the extreme, international students have sometimes been falsely imbued with the idea that American ways are absolutely applicable. They have returned home culturally isolated, frustrated, and unable to translate what they have learned into the realities of their environments. Counselor education programs must be careful to provide processes by which international students can make the cultural transition to American views when they come to the United States as well as to help them prepare to make the transition back to their own country and to deal with the culture shock they may experience when they attempt to put into practice what they have learned here.

International students are important elements of internationalizing counselor education, but they cannot be the only elements. They cannot be treated as token Americans who happen to live somewhere else in the world. They must be helped to express their cultural understandings and learning, how American techniques or technologies may or may not fit within such cultural perspectives, and the basis on which American theories and practices might need to be adapted so that such models can be made elastic and transportable to different cultures—that is, transcultural.

4. *Have American educators participate in international conferences, professorial exchanges, or sabbatical leaves taken abroad.*
Each of these situations will test American assumptions and open educators to new paradigms of practice and new assumptions about human behavior, the impact of social structures on that behavior, and the degree to which individual behavior and aspiration is really as unfettered as Americans profess in their theories and practices. Teaching abroad can be a humbling experience as one copes with the language, economy, bureaucracy, and cultural characteristics of another nation. The experience sensitizes faculty to the implications of living in a foreign environment as experienced by international students here in American counselor education programs. It helps us to recognize that culture is a great mediator of how one learns, why, and what.

We encourage American educators to attend international congresses of the International Association for Education and Vocational Guidance, the International Round Table for the Advancement of Counseling, the International Association for Applied Psychology, and the American Counseling Association. Conferences with other nations bring one into contact with people and ideas that cause one to think about nations not as abstractions but as places in which people one knows live. Similarly, subscriptions to such journals as the *International Journal for the Advancement of Counseling,* the *Educational and Vocational Guidance Bulletin,* and *Applied Psychology: An International Review* provide theory, research, and practices that are used throughout the world, in both developed and developing nations. They describe paradigms of counseling and counseling issues that do not usually find their way into the professional counseling literature of the United States.

5. *Host scholars and counselor educators from other nations.*
Such persons can help counselor educators in U.S. institutions broaden their horizons and understand that other nations have their own psychologies, theories, and practices. These insights reinforce the premise that U.S. counselor education programs must provide a climate open to transcultural counseling as much more than a set of techniques, but as a way of thinking, perceiving, and communicating in a world that is interdependent, yet culturally diverse.

TRANSCULTURAL CURRICULUM TRENDS IN REHABILITATION COUNSELOR EDUCATION

Frequently, when curriculum issues are discussed in counselor education, they are cast at a generic level that can be generalized to any counselor education option available—school counseling, community counseling, mental health counseling, college counseling, or rehabilitation counseling. Although such a strategy can be quite useful, it also belies the reality that because the various options provided by counselor education programs differ in the populations and settings in which graduates will enter, topics or content, theory, and practice may have significantly different importance for each of these options. So it is with transcultural counseling.

In our example of internationalizing counselor education, we used a broad approach to incorporating transcultural trends into counselor training programs. The following section provides more specific curriculum considerations when incorporating the transcultural perspective into one type of training program.

We use the curriculum implications of transcultural counseling for rehabilitation counselor education specifically to suggest that, by definition, rehabilitation counselors in training and in practice deal with populations occupying cultures of deafness, physical impairments, and other forms of diversity that may frequently differentiate them from persons without disabilities. In addition, however, the clients of rehabilitation counselors come from all races, ethnic backgrounds, and socioeconomic and ability levels. In many ways, they are persons residing in various cultures that cut across ethnicity, disability, and race for whom transcultural counseling is an essential process.

The intent here, then, is to examine one specialty in counselor education to explore why and how transcultural trends are incorporated into curriculum development and counselor training. Not only are rehabilitation counselor educators persuaded by the demographics of the 21st century that increasing numbers of people with disabilities will belong to diverse ethnic and cultural groups, but also statistics on prevalence of disability suggest that the incidence of disability among some of these groups is proportionately higher than it is among Whites. Moreover, disability statistics point out the link between disability and poverty, as well as the correlation between disability and unemployment. These data and the issues they raise present a compelling rationale for rehabilitation counselor educations to infuse multicultural perspectives into the core courses of curricula (Crystal & Alston, 1991).

Another reason for examining the development of the rehabilitation counselor education curriculum as it pertains to multicultural training is that people with disabilities who are members of ethnic minorities may confront a dual stigma: that which arises from social labeling of people with disabilities as deviant, or at least different, and that which derives from ethnic identities different from those of the majority group. That is, like some ethnic groups in American society, people with disabilities have been denied equal access to employment, education, and public services. In addition, some people with disabilities have been denied constitutional rights by some of the abuses that were historically perpetrated through application of state laws for involuntary commitment to mental institutions, forced sterilizations, and so forth (Brakel, Parry, & Weiner, 1985). Sociologists and disability rights advocates have long compared the marginal social status of persons with disabilities with that of other minority groups. Even with the passage of the Americans With Disabilities Act of 1990, negative attitudes toward persons with disabilities, particularly those with severe disabilities, persist. That these attitudes are pervasive is supported by employment data: There is probably no other group of adults in American society in which unemployment approaches 80% as it does for people with disabilities who are ethnic minorities. Unfortunately, the stigma of disability and the resulting discrimination is not only apparent in American culture but also has been described and is flourishing throughout the world.

Curricular Trends

This brief overview of the social context of disability in American society is important because of its obvious ties to course content and curriculum development in rehabilitation counselor education programs. The central issue of being different and its meaning to the person with a disability has been a significant issue in course content in rehabilitation education for over 40 years. Experiential exercises that encouraged nondisabled students to heighten their awareness of the meaning of disability were incorporated into courses that examined psychosocial aspects of disability, as were didactic discussions of sociological, political, and economic meaning. Yet parallel to the development of multicultural curricula in counselor education, in which issues associated with different ethnic groups were initially examined separately from other curriculum concerns and in which being different was still viewed as being exotic (Pedersen, 1991), a movement to understand people with disabilities as equal to but different from people without disabilities emerged. This movement led to the beginnings of cultural recognition awareness and affirmation of the experiences of people with disabilities, as well as an acknowledgment of the cross-cultural implications of disability throughout the cultures of the world.

Emergence of a Cultural Consciousness

Like the paradigm shift in counselor education, which has emphasized infusion of procedures sensitive to cultural diversity into counselor education curricula, understanding disability as a cultural experience has precipitated a growing awareness of the need to recognize the multiple perspectives that confront counselors as they empower persons with disabilities to reclaim their roles in society (Murphy, 1987; Vash, 1981). This growing awareness of the need for multiple perspectives in rehabilitation counselor education emerged from at least two sources. The first was the political awareness that began to characterize some disability groups, an example being the emerging identity of the deaf culture and their growing political activism on behalf of maintaining their own cultural identity. People with disabilities began to reject the idea of assimilation and adjustment into existing social structures and roles in favor of becoming more aware of their own uniqueness—those characteristics and attributes that made them different (Hahn, 1985; Murphy, 1987). Simultaneously, the political and legal focus shifted to getting larger organizations and social systems, such as corporations, educational institutions, health care institutions, and others to accommodate the needs of people with disabilities, rather than forcing them to accommodate to the barriers present in unfriendly environments.

Despite the advances that have been made socially and politically, many people with disabilities remain challenged by economic and social barriers. For example, a young man who is African American and has schizophrenia faces multiple problems in leading a quality life in the community, not the least of which is the way that these identities evoke reactions from others, which may then be internalized by the individual and so influence his behavior. Promoting positive identity development for people with disabilities is compounded by ethnic differences, and the tasks for the rehabilitation counselor are straightforward: helping people develop strategies to manage the social and economic discrimination they will encounter. The task in training rehabilitation counselors is not only to explore awareness of the multiple perspectives and social treatment of people with disabilities in our own culture, but also to examine the ways people with disabilities are similar to as well as different from the cultural or ethnic groups to which they belong, and to compare cultural attitudes and treatment of individuals with disabilities throughout the world.

Counselor Training

The role of the rehabilitation counselor has generally been defined as one that incorporates both counseling and case management functions (Rubin & Roessler, 1996). Rehabilitation counseling has a pragmatic and outcome-oriented focus: assisting people with disabilities to secure and maintain quality jobs to ensure quality life in the community. Rehabilitation counselor training courses are based on building a framework for understanding the social and psychological issues that define the disability experience in society, as well as acquiring specific skills to assist individuals to achieve their goals. For example, helping an individual with a disability secure a job involves understanding the functional aspects of the particular impairment, as well as the environmental and attitudinal barriers the person will encounter on moving into social and work worlds. For this reason, the core content of rehabilitation counselor education includes courses related to psychosocial issues, career development, medical and psychological aspects, and legal issues and advocacy.

In understanding how this multiple perspective has come about, we can examine the facets of the rehabilitation counselor education curricula in relation to Pedersen's (1994) three pronged approach (awareness, knowledge, and skills) to developing culturally competent counselors discussed earlier in this chapter.

Pedersen's (1994) first training recommendation is to develop awareness, consisting of building students' recognition of their own cultural heritages while encouraging recognition of cultural differences. For rehabilitation counselor trainees, awareness carries a dual meaning: awareness of the meaning of being disabled and awareness of cultural or ethnic differences that interact with the socially imposed disability role. Depending on the nature of the faculty, the other students, and the surrounding environment, each of these awareness components presents different challenges to the counselor educator. At the most basic level, it is important for students to understand the meaning of cultural differences to have a context for relating to the disability experience. That is, relying on disability awareness training distinguished from cultural awareness makes it difficult for students to later interpret or understand the different meaning that disability has across cultures, a finding supported by cross-cultural research on disability (Lefley, 1985; Leung & Sakata, 1988; Smart & Smart, 1991).

Pedersen's (1994) second stage, knowledge, involves information on both disability and ethnic experiences. For example, a persons's reaction to disability, as well as to the social and interpersonal meaning of the experience, is intimately tied to cultural and gender issues. Unfortunately, too much of the rehabilitation research examining adjustment to disability generally focused on adjustment of White men, with minority groups and women studied much less frequently. Knowledge of various cultural and ethnic beliefs and values informs the students' increasingly sophisticated approach to understanding the disability experience, including reactions to disability and individual and family adjustment issues. For example, the goal of many rehabilitation programs has long been independence in living and working. Clients are assessed and plans are derived in relation to achieving independence. But, for instance, Asian American parents of a young adult with moderate mental retardation may resist independence for their daughter or son. Rehabilitation counselors might label this resistance sabotage, when in fact it is bound up with different cultural beliefs and assumptions. Moreover, rehabilitation counselor educators have a uniquely sensitive role in mediating the boundaries between understanding the dual implications of being disabled and a person of color in American society and ensuring that students maintain a positive approach to these clients. Focusing on the obstacles a blind, young African American woman will face in the job market negates the positive aspects of her identity.

Maintaining a realistic culture of hope is part of the third stage of training, skill development.

Pedersen's (1994) skill development stage involves learning to use and extend cultural knowledge to counseling and other applied settings (McRae & Johnson, 1991). In rehabilitation counselor education, acquiring skills requires that student counselors be able to apply knowledge of cultural beliefs and assumptions to helping people with disabilities and their families define the meaning of the disability experience and design life plans for managing it. Performing this dual role means that rehabilitation counselors may have to adopt what Atkinson, Morten, and Sue (1989) called *alternative roles.* Anderson and Cranston-Gringas (1991) suggested that the thrust of these alternative roles is becoming engaged in preventive activities in the client's environment, which might include acting as a consultant, change agent, coach, or facilitator in the development of client support systems. This alternative role stance is particularly relevant to the functions of the rehabilitation counselor as he or she is engaged in empowering clients to enter or reenter meaningful social and vocational roles in society. People of color who also have disabilities, particularly severe disabilities, continue to confront implicit and explicit discrimination, which together deny access to quality lives in the community. To address these barriers, transcultural skills training for rehabilitation counselors needs to consist of opportunities not only to apply skills in counseling situations but also to expand the basis of the skills to other aspects of clients' lives. Role-plays for incorporating skills into actual training encounters should consist of learning how to inoculate clients against the social and employment discrimination they will eventually confront through increasing self-efficacy beliefs and managing stigma. Competency in preparing clients to address these barriers requires awareness and knowledge of the meaning of the transcultural disability experience.

Recommendations

Social and psychological research suggests that the disability experience for people from racial and ethnic minorities is one that negatively affects the quality of their lives, perhaps in more stressful ways than for any other group in U.S. society. Moreover, counselor educators need to confront the fact that there have been "few initiatives to address the specific training needs of professionals who serve ethnic minorities with disabilities" (Wright, 1988, p. 5), despite the evidence that they will make up an increasingly large proportion of the rehabilitation caseload in the 21st century.

Midgette and Meggert (1991) presented programmatic recommendations for multicultural counseling instruction, all of which are applicable to rehabilitation counselor training within a transcultural context. These include the following:

1. Infuse multicultural perspectives into all core curriculum courses, such as psychosocial aspects of disability, job placement, vocational assessment, and foundation courses.
2. Expand foundational courses to include transcultural aspects of the disability experience, relying on international research in rehabilitation to stimulate discussion of different perspectives and meanings.
3. Enrich textbooks with perspectives on the disability experience of people from different cultures and of women through autobiographic and other personal accounts.
4. Present recent research findings that suggest that reaction to disability, and adjustment, may be culturally understood and culturally bound.
5. Require students to select at least one elective course that deals with diversity issues.
6. Encourage development of a rehabilitation research base in multicultural issues through advising graduate students in thesis and dissertation topics and proposing transcultural special issues in major rehabilitation journals.
7. Implement initiative active outreach efforts to recruit more students from diverse ethnic and cultural backgrounds as rehabilitation counselor trainees.

CONCLUSION

In this chapter, curricular issues in implementing transcultural counseling in counselor education have been explored. The position taken is that such implementation is a multidimensional process, not a simple one. The subsystems of a counselor education training program in transcultural counseling have been discussed as a limited or comprehensive process, and as primarily cognitive, experiential, or both.

Two examples of emphases within counselor education to which transcultural counseling has been seen as directly related are internationalizing counselor education and rehabilitation counselor education. These examples have been used to illustrate some broad implications of implementing content and practice pertinent to transcultural counseling as well as more narrow implications related to specialties within counselor education.

The examples used have served as frames of reference against which to project training models concerned with the student acquisition of awareness, knowledge, and skills; communication skills that transcend potential cultural barriers to mutual understanding by counselor and client; and staging phenomena in developmental models intended to help counselor education students progress from naiveté and ethnocentrism in relation to transcultural issues to a self-identity that embraces transcultural knowledge, skills, and activism.

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SUMMARY

JOHN MCFADDEN

Meeting new demands and situations effectively is a focus for transcultural counselors. This style of counseling endeavors to help individuals and groups achieve goals by encouraging effective interaction between different cultures to improve communication. Transcultural counseling introduces individuals to differences with intensity and impact so that exposure to cultural variations can be optimized. The presence of a multiethnic population invariably serves to interpret social systems and articulate apparatuses that frequently assume monoethnicity, monoculturalism, homogeneity, and supremacy or superiority of the culture of the dominant group.

The trend toward diversifying the liberal arts curriculum has introduced questions. In its simplest terms, the battle is over the content of the curriculum. What authors, books, and ideas are most appropriate for students or trainees? Some faculty desire to expand the canon to include a broader range of ethnic scholars. Their opponents argue for a traditional perspective: Great Books. The time has come for today's bibliographies and counseling approaches to be broadened to include the current and future multiethnic nature of the people of the United States.

During the past few decades, American society has come to recognize and accept the fact that its multiethnicity includes racial, religious, and nationality groups and that the experiences of these different peoples have by no means been identical. The legitimacy of such diversity is now an indisputable fact that may remain an essential part of life in the United States. The interaction between our citizens and immigrants is pivotal to understanding societal differentiation and the basis for cultural reconstruction.

By attempting to blend with mainstream American society, cultural and ethnic minorities could find themselves surrendering to those elements of the mainstream who believe that those who are culturally different are inferior. By attempting to assimilate, minorities frequently lose part of their rich and proud heritage of family relationships, history, and language, albeit some persons advocate that minorities cannot afford to separate themselves from the majority. The turbulent 1960s and early 1970s brought about an increased awareness of the plight of people of color and resulted in fundamental changes in the way White America viewed these people. Today we must work toward respect for, if not acceptance of, values of the minority by the majority and vice versa. To attempt to survive without interfacing with the cultural juggernaut is to lead a life of frustration, alienation, and economic subservience.

This book has assembled some of the finest theorists and practitioners, particularly those who have focused their attention on cross-cultural, multicultural, and transcultural issues, to provide their views on contemporary developments in counseling. The central theme is to encourage transcultural counselors to examine the cultural paradigms of their clients. Transcultural counseling sees the world as a community of nations that are continually growing together. With that worldview in mind, counselors work to reach beyond national boundaries and cultures to help humankind understand and respect other ways of life. Such a transpersonal view creates the basis for regional and national as well as bilateral and multilateral coexistence. Curriculum and instruction for the education of counselors must direct special attention to these issues and factor them into programs for undergraduate and graduate study.

Projections indicate that, by the year 2000, more than one third of the population of the United States will be racial and ethnic minorities. By 2010, racial and ethnic minorities are expected to be a majority, with White America constituting approximately 48% of the population (Sue, 1991). A huge body of literature indicates the widespread ineffectiveness of traditional counseling approaches and techniques when applied to minorities (Axelson, 1993). This therapeutic inadequacy is a result of a unilateral training system that does not recognize the roles played by race, culture, and ethnicity. The transcultural counseling perspective not only includes counseling ethnic and racial minorities but also addresses gender-based segregation as well as other sources of alienation. Many persons inextricably caught between opposing values could benefit enormously from transcultural counseling, which promotes transcendency beyond cultural differences. In fact, transcultural counselors advocate a celebration of cultural diversity.

As confirmed by numerous research and scholarly publications, the need for multiculturalism in the counseling and mental health profession is urgent for ethical and effective practice, and an integral part of our professional work. The culturally competent counselor is one who is well aware of perceived notions about and limitations on human behavior and one who is likely to understand his or her own worldviews as a component of the larger worldview (Ibrahim, 1992) and function accordingly.

In sum, this book has woven together ideas and theoretical contributions of various cultural dimensions, interdependence issues, and the need for maintenance of an ecosystem essential to the lives of all creatures, great and small. Such a broad approach is expected to provide some useful information in the process of development and growth of transcultural counselors, for a barrier to one is a barrier to all.

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INDEX

A

Aase, J. M., 152
accommodating, joining and, 113–14
acculturation, 302
  assessment procedures and, 360–64
  Hispanics, class affiliation, and, 226–30
  Hispanics, language, and, 233–40
Acculturation Rating Scale for Mexican Americans, 233, 349
Ackerman, Nathan, 111
adult stability model, 330
African Americans, 171–72, 212–13
  and access to counselors from their own culture, 16
  alienation from self, 191–92
  client characteristics, 193–94
  cognitive and behavioral styles, 173–75
  coping mechanisms, 195–96
  cultural isolation of, 17
  diminishing interpersonal relationships, 188–91
  educational experiences and opportunities, 180–81
  establishing the therapeutic alliance, 196–201
  general history of African American women, 184–86
  historical perspective on, 14–15
  importance of race and gender, 193
  intelligence and mental testing of, 347, 351–52
  interpersonal orientation, 196–99
  inviting shadows into the counseling process, 202–12
  light-colored, 189–90
  multiple role expectation, 188
  racial and ethnic identity development, 175–80
  religious and spiritual influences, 14, 181–82
  shadows, context, and counseling, 192, 199–201
  stylistic counseling model and, 62
  transcultural counseling with African American women, 182–84
  the transcultural counseling process, 193–96
  use of shadow and context, 192, 199–201
  value systems and social issues, 172–75
  women in the labor force, 186–87
  worldview of, 172–73
Africentricism, 188
aggression, 195
aging, 330–32
Ahia, C. E., 347
Aid to Families With Dependent Children, 160
Akbar, N., 174
Alaskan Natives. *See* American Indians and Alaskan Natives
alcohol and substance abuse, Indian/Native, 151–52
Aldridge, D. P., 186, 187
alienation, 43
  African Americans and alienation from self, 191–92
Allen, Gunn, 148
Allotment Act, 144
amae, 12
American Counseling Association, 348
  Code of Ethics, 325
  conferences, 387
  ethical standards, 248, 351
American Educational Research Association, 351

American Indians and Alaskan Natives, 137–38, 164–65
  economic trends and challenges, 156–60
  educational experiences and opportunities, 153–56
  gender issues in Indian country, 146–49
  spiritual orientations, value systems, and social issues, 149–53
  structural biases and myths, 141–46
  transcultural counseling with, 160–64
  who is an American Indian, 138–41
American Medical Association, Council on Scientific Affairs, 252
American Psychiatric Association, 319, 351
American Psychological Association, ethical standards, 248, 351
Americans With Disabilities Act of 1990, 333, 389
analytical cultural system, 27
Anderson, J. B., 393
anthropologists
  anthropology and psychological theory, 27
  multiculturalists and, 16
Applied Psychology: An International Review, 387
Arab Americans, 283, 287–88, 295–96
  Arab women, 289
  Arab–Muslim family, 288
  brief history of the Arab peoples, 284–85
  Christianity, 286–87
  couple therapy, 293–95
  Islam, 285–86
  and mental health problems, 289–91
  in therapy, 291–93
  who is an Arab?, 283–84
Arena, S. T., 356
Arredondo, P. M., 162, 351
Asian origin, people of, 259, 279
  an interview with Chun-Chi Chen from Taiwan, 270–74
  case studies, 274–79
  challenges of counseling Chinese Americans and Chinese students in the U.S., 264–67
  Chinese families and concept of joining, 114
  concept of *amae*, 12
  culture and assimilation in the West, 269–70
  religious and spiritual influence, 267–68
  structural biases and myths, 259–61
  value of education in imperial China, 263–64
  value systems and social issues, 261–63
assessment. *See* transcultural assessment
assimilation, 9
Association for Assessment in Counseling (AAC), 351
Association for Multicultural Counseling and Development (AMCD), 346, 351
Association for Nonwhite Concerns (ANWC), 346
Association for Spiritual, Ethical, Religious and Values Issues in Counseling (ASERVIC), 308
Atkinson, D. R., 9, 10, 12, 347, 393
atomistic–objective behavioral style, 173
authentic assessments, 357
authenticity, 206
auxiliary ego technique, 123, 127–28

B

back-translation, 353–54
Baldwin, J., 179
Baltes, M. M., 331–32
Baltes, P. B., 331–32

Beals, Maria, 224, 227
Beck, Aaron, 298
behavioral styles of African Americans, 173–75
Bell, D., 352
Bergan, J., 28, 29, 33
Bergin, A., 325
Berkow, D. N., 27
Berlin, I. N., 152
Berry, J. W., 358, 364
Beutler, L. E., 28, 29, 33
bicultural counseling, 6
bilateral counseling, 6
bilateral and international perspectives, 399–401
Binswanger, L., 40, 41
Black Intelligence Test for Cultural Homogeneity (BITCH), 347, 351
"Blacker-than-Thou" syndrome, 177
Bloom, B. S., 344
Blumer, G. I., 143
boundaries, family system, 112, 113
Bowen, Murray, 116, 131
  Bowen's theory, 116–20
Buber, M., 41
Bureau of the Census, U.S., 25, 140, 230
Bureau of Indian Affairs (BIA), 139–40, 144, 154, 157
Bureau of Labor Statistics, U.S., 299
Burke, M. T., 326
Burns, D. D., 210
Buros Institute of Mental Measurements, 349
Butler, J., 174–75

C

California Personality Inventory (CPI), 353
California Test of Basic Skills, 253
call-and-response pattern, 181
Cancelli, A. A., 356
career problems, transcendent counseling modalities and, 102
Carney, C. G., 379
Carter, R. T., 347, 348, 379
Casas, J. M., 10, 347, 364
case studies
  Asian, 274–79
  Hispanic, 253–55
  stylistic counseling model, 71–80
Cass, V. C., 322
Castillo, J. C., 237–38
Castillo, R. J., 30
Castro, Fidel, 229
Central Intelligence Agency (CIA), 252
Chata Development Company, 158
Chata Enterprises, 158
Chavez, Linda, 345
Choctaw Shopping Center, 158
churches, African American, 14, 181–82
class
  class conflicts, 11
  Hispanics and acculturation and class affiliation, 226–30
  and individuals, 328–30
Clifford, K., 334
coaching, 118
Cobbs, P. M., 188
cognitive assessment, educational and, 354–57
cognitive and behavioral styles of African Americans, 173–75
cognitive therapies with Indians/Natives, 162–63
cognitive-behavioral approach, 209–11
collaterality, concept of, 150
Columbus, Christopher, 141
coming-out process, gay, lesbian, 320, 321
Competencies for Gerontological Counseling (Myers and Schwiebert), 331
computers, transcendent counseling advocates and use of, 106
confrontation, 177
Confucius, 266–67
congruence, 206

Constantino, G., 350
Cook, E. P., 306
Council of Energy Resource Tribe, 164
counseling
  and psychotherapy, 8, 9
  role of values, beliefs, and assumptions in counseling and psychotherapy, 28–30
counselor
  counselor training programs, 9
  counselor–client cultural match, 33–36
  as culture broker, 131
  personality and style, 122–23
  the transcendent being of the, 88–90
  using counselor and therapist interchangeably, 8
  why counselors need to know about religions, 309–10
  See also curriculum trends in transcultural counseling; transcending the culture of prejudice to a culture of pride as a counselor
couple therapy, Arab Americans and, 293–95
Cranston-Gringas, A., 393
Cronbach, L. J., 347
Cross, W. E., 175, 176, 177, 178, 179, 180, 183
cross-cultural counseling, 6, 20, 27
Cross-Cultural Counseling Inventory, 349
cuento therapy, 239
cultural awareness model, 13
cultural conditioning, 28
cultural genocide, 138
cultural identity
  transcendent counseling and ethnic and, 97–101
  See also existential worldview theory and cultural identity
Cultural Identity Check List (CICL), 35, 36, 46, 47, 56–57
cultural isolation, 16–17
cultural mask, 115
cultural oppression, and malpractice, 24, 30
"Culturally Encapsulated Counselor, The" (Wrenn), 343
culturally or linguistically diverse (CLD) students, 355
culture, concept of, 15
curriculum trends in transcultural counseling, 373–74, 394–95
  awareness, 376–77
  internationalizing counselor education, 380–87
  knowledge, 377–78
  premises of the transcultural model, 374–76
  preparation models related to transcultural counseling, 376–79
  rehabilitation counselor education, 388–94
  skill, 378–79
Curriculum-Based Assessment (CBA), 355
Curriculum-Based Measurement (CBM), 355–56

D

Dana, R. H., 353, 358, 364
d'Ardenne, P., 18–19
Darling-Hammond, L., 356–57
Das, A. K., 15
D'Augelli, A. R., 322
Dawes Act of 1887, 154
death, 41
decrements with compensation models, 330
denial, 195
Department of Education, U.S., 140
Department of the Interior, U.S., 140
dependency, 11–12
depression
  Hispanics and, 242–43
  in Indian country, 148
Derrickson, K. B., 208

diagnosing, in structural family therapy, 116
Diagnostic and Statistical Manual of Psychiatric Disorders (DSM-IV), 319, 326, 352
differentiation, 117, 118–19
disabilities, individuals with, 332–35
discrimination, 11, 143
disengagement, 112
doubling or auxiliary ego technique, 127–28
Draguns, J. G., 27, 347, 350
D'Souza, D., 345
Duhl, Fred, 125
Dumas-Graves, R., 189
dysfunctional family behavior, 110, 111, 119

E

ebonics, 180
economic development, in Indian/Native country, 156–60
education
  African Americans and, 180–81
  American Indians and Alaskan Natives and, 153–56
  European Americans and, 313–14
  minority students, 11, 17
  transcendent counseling modalities and students, 103
  value of education in imperial China, 263–64
educational and cognitive assessment, 354–57
educational measurement, 344, 345
Educational and Vocational Guidance Bulletin, 387
Ellis, A., 210, 298
emotional cutoff, 120
empathy, 206–7
enactments, in structural family therapy, 114–15
Encounter identity stage, 175, 176–77, 179, 195
enmeshment, in structural family therapy, 112, 113
Erikson, Eric, 320, 330
ethical ethnicity, 132
ethics and fairness in practice, issues of, 351–53
ethnic and cultural identity, transcendent counseling and, 97–101
ethnic identity, 301–2
  African Americans and ethnic identity development, 175–80, 195
  racial identity vs., 350
Ethnicity and Family Therapy (McGoldrick, Pearce, and Giordano), 383
ethnocentrism, 12
Eurocentricism, 188
European Americans, 12, 297–98, 314
  cultural-historical background of, 299–301
  educational experiences and opportunities, 313–14
  issues related to gender, 304–7
  religion and spiritual influence, 308–12
  social issues, 301–4
  structured biases and myths, 298–99
evaluation, assessment and, 344–45
Evans, K. M., 186, 187
existential worldview theory and cultural identity, 23–24, 47
  applications in counseling and psychotherapy, 36–38
  counselor–client cultural match, 33–36
  Cultural Identity Check List, 35, 36, 46, 47, 56–57
  implications for process and outcome, 38
  need for transcultural counseling, 24–26
  role of gender identity in counseling interventions, 30–31

  role of values, beliefs, and assumptions in counseling and psychotherapy, 28–30
  training and education model for transcultural counseling and psychotherapy, 45–47
  transcultural contexts and self-definition, 27–28
  using SAWV profiles in counseling and therapy, 39–45
  worldview and cultural identity, 31–32
experiential family therapy, 120–21, 131–32

F

Falicov, C. J., 110
Falk, B., 356–57
family, balancing work and, 307
family counseling. *See* transcultural family counseling
family drawing technique, 123, 126–27
family meetings, 123, 129–30
family problems, transcendent counseling modalities and, 102–3
family projection process, 118–19
family sculpting technique, 122, 123, 125–26
family structure
  Arab–Muslim family, 288
  Hispanic, 247–48
  Indian/Native, 150
family therapy techniques, 123–31
fetal alcohol syndrome (FAS), 152
Figueroa, R. A., 355, 364
fingered, being, as an American Indian, 144–45
fishbowl therapy technique, 123, 125
folk diseases, Hispanic, 242–44
Frankl, V. E., 40
Fromm, E., 41
Fukuyama, M., 26
Future of the Body: Exploration into the Further Evaluation of Human Nature, The (Murphy), 105

G

Gama, E. M. P., 30, 31
gaming, Indian/Native, 146, 158–60
Garibaldi, A. M., 181
gender, 304–5
  African Americans and importance of race and, 193
  balancing work and family, 307
  as a dimension of culture, 305
  feminism, 306–7
  gender issues in Indian country, 146–49
  traditional Hispanic gender relationships, 244–47
  worldviews and, 305
gender identity
  client worldview and, 34–35
  in multicultural counseling, 29
  role of gender identity in counseling interventions, 30–31
General Accounting Office, 354
General Motors Corporation, 158
genuineness, 206
Giago, T., 159
Gibbs, J. T., 196–99
Giddings, Paula, 184
Gilligan, Carl, 320
Giordano, J., 131, 383
Giordano, M. A., 131
giveaway, Indian/Native practice of, 150–51
Goals 2000: Educate America Act, 1993, 356
Goals 2000, 356
Goffman, E., 138, 144
Gough, P. B., 352
Greek philosophers, 8
Grieger, I., 358, 360–64
Grier, W. H., 188
group work, with Indians/Natives, 163
Guardarrama, I., 352
guilt, 176–77
Gunnings, T. S., 8
Gutierrez, M., 115
gynocide, 148

H

Hale-Benson, J. E., 174
Hall, E. T., 11
Handbook for Developing Multicultural Awareness, A (Pedersen), 376
Handbook of Multicultural Assessment: Clinical, Psychological, and Educational Applications (Suzuki, Meller, and Ponterotto), 350
Hansen, J. C., 347, 348
Hansen, L. S., 30, 31
health
  cuento therapy, 239
  data pertaining to Hispanic health issues, 252
  health status of Indian/Native women, 147
  Hispanic folk diseases, 242–44
  Indian/Native alcohol and substance abuse, 151–52
  Indians/Natives and post-traumatic stress disorder, 152–53
health counseling
  holistic health and transcendent counseling, 88
  transcendent counseling applications in, 101–2
Heath, A., 26
Helms, J. E., 347, 348, 350, 364
Henwood, P. G., 333
Here and Now worldview profile, 39, 44–45
Herr, E. L., 186, 187
Hertle, B. R., 189, 190
highlighting and modifying interactions, in structural family therapy, 116
Hillard, A. A., 173, 174
Hispanic community
  acculturation and class affiliation, 226–30
  acculturation and language, 233–40
  bilingualism, 234–40
  case studies, 253–55
  counseling limitations and challenges, 248–49
  cultural and demographic background, 221–32
  cultural factors and courtesies affecting counseling Hispanics, 240–48
  cultural relevance and diversity of the Hispanic population, 222–25
  family structure, 247–48
  folk disease, 242–44
  Hispanics and access to counselors from their own culture, 16
  information and help, 251–53
  language and culture, 233–34
  population trends, 230–31
  recommendations and conclusion, 249–51
  spiritual and religious values, 225–26
  stereotypes, 231–32
  traditional gender relationships, 244–47
Hispanic Resource Center Saludos Web, 253
historical approaches in transcultural counseling, 3–4, 20
  literature review, 8–13
  transculturalism, 13–19
  worldview on counseling: taxonomy of terms, 4–8
Ho, M. K., 130, 131
holding therapy, 128–29
holistic health, transcendent counseling and, 88
homework assignments
  in transcultural counseling, 123, 129
homophobia, 320
homosexuality. *See* lesbian, gay, bisexual, and transgendered people (LGBT)
Hooks, Bell, 184, 185–86, 191
Horner, D., 31
hug therapy, 123, 128–29

Hughes, M., 189, 190
Hymbaugh, K. J., 152

I

Ibrahim, F. A., 10, 25, 32, 33–34, 37
identity
  African Americans and racial and ethnic identity development, 175–80, 195
  aging identities, 330–32
  collage of identity, 160
  ethnic identity, 301–2
  gender identity in multicultural counseling, 29
  racial identity, 350, 360
  role of gender identity in counseling interventions, 30–31
  self-concept and, 320
  transcendent counseling and ethnic and cultural identity, 97–101
  worldview and cultural identity, 31–32
imagery, guided, with Indians/Natives, 163
Immersion/Emersion identity stage, 175, 177–78, 179
Impara, J. C., 349, 350
Indian Education Act of 1972, 154
Indian Gaming Regulatory Act of 1988, 146, 159
Indian Health Service (IHS), 148
Indian Public Health Services, 151
Indian Self-Determination and Educational Assistance Act, 154
indigenous healers, 14
individualism, 11
intercultural counseling, 7
intergenerational family systems, 116–20
Internalization/Commitment identity stage, 175, 178, 179
International Association for Applied Psychology, 387
International Association for Education and Vocational Guidance, 387
international counseling, 7
International Journal for the Advancement of Counseling, 387
international perspectives
  bilateral and, 399–401
  internationalizing counselor education, 380–87
  term "international", 13
International Round Table for the Advancement of Counseling, 387
Internet, 106
  Latino Internet sites, 253
introjection, 195–96
irreversible decrement models, 330
Irvine, S. H., 364
isolation, 195

J

Jackson, Don, 111
Jews, religious differences and the, 311–12
Johnson O'Malley Act, 139
joining, in structural family therapy, 113–14
Jourard, S. M., 105
Journal of Counseling and Development, 343, 347, 348, 351
Journal of Multicultural Counseling and Development, 348
Jung, M., 114

K

Kahn, K. B., 379
Kantor, David, 125
Kardiner, A., 176
karma, 194
Katz, J. H., 19
Kelly, E. W., 324
Kelly, T. A., 36
Kemp, C. G., 40
Kinzie, J. D., 262
Kluckhohn, C., 28, 32, 34, 39, 43
Kluckhohn, F. R., 39–40

Kohlberg, Lawrence, 320
Koop, C. Everett, 147
Kushner, Harold, 309–10

L

labor force, African American women in the, 186–87
LaFromboise, T. D., 148, 149, 163
Landau-Stanton, J., 124–25, 126
language and Hispanic clients
  bilingualism and language switching, 236–38
  language and culture, 233–34
  linguistic dimensions of bilingualism, 235
  phenomenon of bilingualism, 234–35
  therapeutic techniques for the bilingual client, 238–40
Lappin, J., 112
Lee, Courtland, 308
Lerner, Gerda, 184, 185, 191
Lerner, Max, 301
lesbian, gay, bisexual, and transgendered people (LGBT), 318–24
Lester, David, 157, 164–65
lifestyle, client
  transcendent counseling and lifestyle change, 87, 105
  transcendent counseling modalities and lifestyle problems, 103
link therapy, 123, 124–25
Lipset, S. M., 312
Locke, D. C., 13, 14, 182
Lonner, W. J., 37, 347
Lopez, R., 352
Low, Graff, 163

M

McArthur, C., 347
McDavis, R. J., 351
McDonald, Joe, 155
McFadden, J., 17–18, 357
McGoldrick, M., 383
Mahatani, A., 18–19
Malgady, R., 350
Marcos, L. R., 235
Marsella, A. J., 27–28
Maruyama, M., 347
Maslow, A., 88
Matsui, S., 347
May, P. A., 152
meaningful work or activity, transcendent counseling and, 88
Measurement and Evaluation in Counseling and Development, 348, 351
measurement, testing and, 344
"Measuring the Quality of Life in the Frail Elderly" symposium, 330
Meggert, S. S., 394
Meller, P. J., 364
melting pot myth, 9
mental health and illness
  Arab Americans and mental health problems, 289–91
  conceptions of, 15
mental health services
  Indian/Native women and, 148
  indigenous techniques and, 14
Mental Measurement Yearbooks, 349
Meriam Report of 1928, 154
Mexico On-Line, 253
Meyers, L. J., 180
Midgette, T. E., 394
midlife crises, 40
minimum competency testing (MCT), 352
Minnesota Multiphasic Personality Inventory (MMPI), 353, 354
minorities
  counseling, 17–18
  counselor training programs and approach to, 9
  historical perspectives, 11, 12, 14–18
  minority students, 11, 17, 355
  stylistic counseling and minority clients, 60–61, 62
  treatment of ethnic minority clients, 26
  worldviews of, 10
Minuchin, Salvadore, 111, 130

Miranti, J. G., 326
Modern Racism Scale, 349
Momaday, N. S., 151
monocultural counseling, 6, 9
monoculturalism, 12, 13
Montalvo, Braulio, 111, 115
Moreland, K. L., 353–54
Morten, G., 9, 393
Moss, R., 355
Muhammad, Prophet, 284, 285
multicultural assessment, 348–50
  personality, social, and emotional methods in, 353–54
Multicultural Assessment in Counseling and Clinical Psychology (Sodowsky and Impara), 349–50
multicultural counseling, 6–7, 10
  gender identity in, 29
  process of multicultural encounters in counseling, 25–26
"Multicultural Counseling Competencies and Standards: A Call to the Profession" (D.W. Sue, Arredondo, and McDavis), 351
multiculturalism, 13, 15, 16, 345
multigenerational family system, 116
multigenerational transmission process, 119
multiple family therapy (MFT), 121–22
Murphy, M., 105
Myers, J. E., 331
Myers, L. J., 379

N

Naim Foundation, 290
National Academic Standards, 356
National Council on Measurement in Education, 351
National Jewish Population Study, 312
Native American Rights Fund, 156
Neal, A. M., 190
need fulfillment, transcendent counseling and, 88
Nichols, M. P., 121
Nigrescence, 178
Ninth Mental Measurements Yearbook, 349
Nobles, W., 172, 179–80
Noddings, N., 352
nonverbal behaviors, 211–12
nuclear family emotional system, 118

O

Oakland Unified School District, California, 180
Odom, G. R., 11
older adults, 330–32
Operationalization of the Multicultural Counseling Competencies, 317
Optimistic worldview profile, 39–41
Overlade, D. C., 105
Ovesey, L., 176

P

Padilla, A. M., 347, 355, 364
Page, R. C., 27
Parham, T. A., 172, 178, 179
Parham, W. D., 172
passing as an American Indian, 138, 144
patriarchy, 30
Patterson, C. H., 343, 344
Paulson, D., 352
Peabody, D., 384
Pearce, J. K., 383
Pearson, R. E., 17
Pedersen P., 13, 14, 343, 347, 376–79, 391–93
Pedersen, P. B., 12, 19, 26
Peregoy, R. M., 159
Performance-Based Assessment (PBA), 356
Perry, R. J., 16
Pessimistic worldview profile, 39, 43–44
Phinney, J. S., 179, 261

Piaget, Jean, 321
Plummer, D., 179
pluralistic counseling, 7
Ponterotto, J. G., 10, 347, 348, 349, 358, 360–64
Pope-Davis, D. B., 333
population
  of American Indians and Alaskan Natives, 138–39
  demographic projections for U.S., 24–25
  Hispanic population trends, 230–31
posttraumatic stress disorder (PTSD), 152–53
Pre-encounter identity stage, 175–76, 179, 195
prejudice, 18, 142, 145–46
psychological distress, 27–28
psychotherapy
  applications in counseling and, 36–38
  counseling and, 8, 9
  role of values, beliefs, and assumptions in counseling and, 28–30
  training and education model for transcultural counseling and, 45–47

Q

Qureshi, A., 379

R

Raab, E., 312
racial identity, 350, 360
Racial Identity Attitude Scale, 348
racism, 14, 183, 190–91
rage, 177
rational behavior therapy and language cues, 239–40
reframing or relabeling, 123, 130
rehabilitation counselor education, 388–94
Reid, T., 28–29
rejection, 177
relational–cognitive behavioral style, 174
relational cultural system, 27
religion
  African Americans and religious and spiritual influences, 14, 181–82
  Asian Americans and religious and spiritual influences, 267–68
  European Americans and religious and spiritual influences, 308–12
  Hispanic spiritual and religious values, 225–26
  Indian/Native spiritual orientations, 149–50
  Islam and Christianity, 285–87
  religious differences and the Jews, 311–12
  religious traditions, 15
  spirituality and religious issues in counseling, 324–28
  why counselors need to know about religions, 309–10
  worldview differences between faiths, 310–11
Removal Act of 1830, 154
repression, 195
research, transcendent counseling implications for, 103–4
reservation system, 153–54
Reynolds, A. L., 379
Robinson, T. L., 191
Rogers, C. R., 36, 206, 298, 344
role playing technique, 127
Rollock, D., 358
Rorshach, 353
Ruiz, R. A., 249
Rust, P.C., 321

S

Sabnani, H. B., 347, 348, 349
Samet, J. M., 152
Sarason, S. B., 31–32
Sattler, J. M., 358

Scale to Assess World Views (SAWV and SAWV II), 23, 34, 35, 36, 37, 39–45, 46, 47
Schaie, K. W., 330
Schwiebert, V. L., 331
"Science of Psychological Measurement, The" (Cohen et al.), 345
Sedlacek, W. E., 348
self–concept, 320
self–definition, 27–28
self–hate hypothesis, 176
self–indication, 143
sexism, 183, 190–91
shadows
  context, and counseling, 192
  inviting shadows into the counseling process, 202–12
  use of shadow and context, 199–201
Shinn, M. R., 364
sibling position, 119–20
Sire, J. W., 31
Sixteen Personality Factor/Questionnaire (16–PF), 353
Smith, A., 189, 190
social-cognitive interventions, with Indians/Natives, 162–64
social influence, 10
social relationships, 27
Social Studies Review, 345
social support systems, available to African Americans, 14
social systems, patriarchy and, 30
social workers, 4
societal regression, 120
Sodowsky, G. R., 349, 350
Sophists, 8
Speigel, J. P., 28, 29
Speight, S. L., 208
Spielberger, C. D., 98
Spirduso, W., 330
spirituality. *See* reiigion
State Department, U.S., 252
status-based politics, 146
status-based prejudice, 146
Steiner, S., 147
stereotypes, 30, 142, 231–32
Stewart, C. S., 8
Stith, S. M., 15
Strodtbeck, F. L., 40
Strong Vocational Interest Blank (SVIB), 347
structural family therapy, 111–16, 131
structural mapping, 113
students
  challenges of counseling Chinese students in the U.S., 264–67
  culturally or linguistically diverse (CLD) students, 355
  minority students, 11, 17, 355
  transcendent counseling modalities and, 103
stylistic model for transcultural counseling, 59–60, 80–81
  anatomy of stylistic counseling, 63–65
  case studies, 71–80
  cubical descriptors, 65–70
  the model, 62–63
  principles of stylistic counseling, 70–71
  scope of the model, 60–62
subsystems, family, 112, 113
Sue, D., 9–10, 177, 211–12
Sue, D. W., 9–10, 31, 32, 63, 177, 211–12, 351, 357
Sue, S., 26, 33, 347, 350, 355, 393
suicide rates, among young American Indians and Alaskan Natives, 141
Summer Institute of Linguistics, 253
Sussewell, D. R., 33
Suzuki, L. A., 364
Sydeman, S. J., 98
synthetic–personal behavioral style, 174

T

Tapp, N., 261
TEMAS, 350

Tenth Mental Measurements Yearbook, 349
Terrell, M. D., 358
testing. *See* transcultural assessment
Thematic Apperception Test, 350
Thomason, T. C., 161
time, concept of, 41, 151
To Life! A Celebration of Jewish Being and Thinking (Kushner), 309–10
Torrey, E. F., 36, 38, 243
Traditional worldview profile, 39, 41–43
transcendent counseling (TC), 83–84, 104–6
  applications for counseling, 101–3
  the counseling process, 92–94
  ethnic and cultural identity, 97–101
  goals of counseling, 87–88
  implications for research, 103–4
  modules and modalities of change, 94–97
  steps of, 90–92
  ten basic assumptions of, 85–87
  the transcendent being of the counselor, 88–90
transcending the culture of prejudice to a culture of pride, 317–18, 335–36
  aging identities, 330–32
  class and individuals, 328–30
  individuals with disabilities, 332–35
  lesbian, gay, bisexual, and transgendered people, 318–24
  spirituality and religious issues, 324–28
transcultural assessment, 343–46
  emerging guidelines for assessment procedures, 357–64
  emerging leadership in multicultural assessment, 348–50
  from paucity to plethora, 350–57
  implications of client's worldview and level of acculturation, 360–64
  organizing transcultural assessment services, 358–59
  a puzzling paucity, 346–48
transcultural counseling
  with African American women, 182–84
  African Americans and transcultural counseling process, 193–96
  defined, 7–8, 25, 345–46
  with Indians/Natives, 160–64
  need for, 24–26
  training and education model for transcultural counseling and psychotherapy, 45–47
transcultural family counseling, 109–11, 131–32
  combining the three approaches, 121–23
  experiential systems paradigms and techniques, 120–21
  intergenerational family systems paradigm and techniques, 116–20
  structural system paradigms and techniques, 111–16
  transcultural family therapy techniques, 123–31
transculturalism, 13–19
transhistorical construct, 319
transitional sculpting, 126
triad model, 378
triangulation, concept of, 117–18
Trimble, J. E., 149, 347
Troiden, R. R., 320
Trueba, H. T., 355
Trump, Donald, 146
Tyler, F. B., 33

U

unconditional positive regard, 207
University of California, 1990 symposium at, 330

427

University of Nebraska–Lincoln,
        Multicultural Assessment
        Symposium, 349

V

Vacc, N. A., 334
Valencia, R. R., 352
Value Orientation Scale, 349
Vandersluis, P., 31
Vera, E. M., 208
veterans, war, Indian/Native, 152
Vietnam War, 152
Vontress, C. E., 176

W

Ward, J. V., 191
Watt, S. K., 190–91, 192
Wax, M., 155
Wehrly, B., 379
Wheeler-Howard Act of 1934, 154
Whitaker, Carl, 121
White, A., 27–28
White, J. L., 172
Whorf, B. L., 233, 234, 239
Whorton, Don, 156
Williams-McCoy, J., 33
Williams, R. L., 347, 351–52
Wilson, L. L., 15
Wilson, M. L., 190
women
    African American, 182–87
    Arab, 289
    feminism, 306–7
    Indian/Native, 146–49
    "Pocahontas perplex", 146
Woodson, C. G., 172
worldview
    of African Americans, 172–73
    assessment procedures and
        client's, 360–64
    on counseling, 4–8
    defined, 8
    held by Indians/Natives, 150, 160,
        161
    worldview differences between
        faiths, 310–11
    worldviews and gender, 305
    worldviews of minorities, 10
    See also existential worldview
        theory and cultural identity
Worthington, E., 325
Wrenn, C. G., 343, 346
Wright, Michelle, 184

Y

Yalom, I. D., 40, 41
YAVIS syndrome, 9–10
Yorburg, Leon, 128

Z

Zeidner, M., 355

423

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